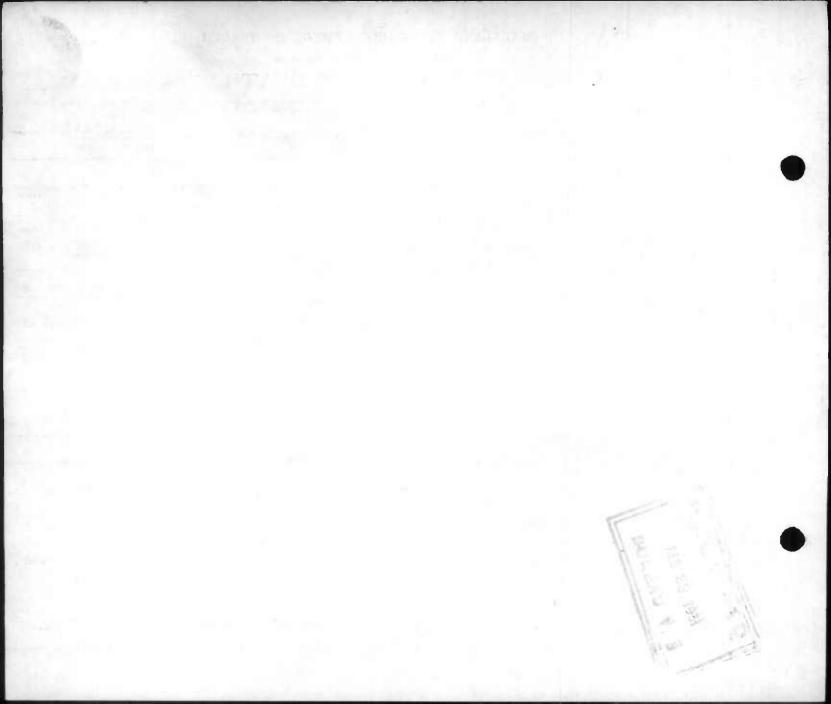
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

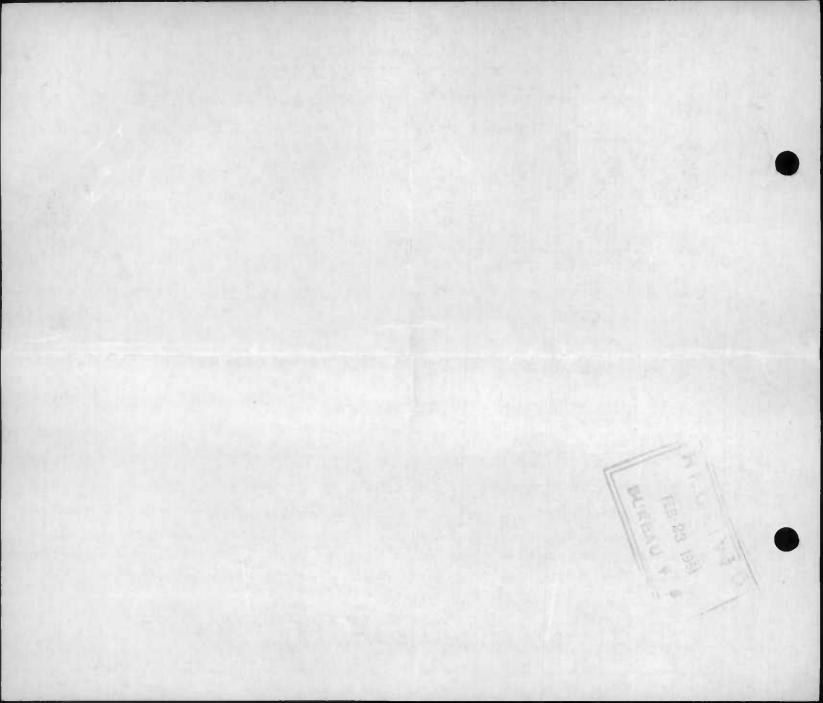
	2008. 110	**************************************
1. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED	
Cicemic D CO MARYLAND	STATE	nue
OR give nearest town LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	o nearest town)
TOWN CAUS GOING TIM ZELY	TOWN Jacks ally Thus	•
HOSPITAL OR INSTITUTION OR STREET ADDRESS Marks Camp.	STREET ADDRESS Kell Brurst, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Jacker DEATH &,	12 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILD WILD WILD WILD WILD WILD WILD WILD	8. DATE OF BIRTH 9. AGE last birthday II under Months OF STREET MONTHS	Days If under 24 brs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working Me, even if retired) 10b. Kind of Business or Inpusses.	11 BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Frank, Didney	Cenne Custis.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT	
(res, no, or unknown) (If yes, give war or dates of none	Frank Dadges.	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Ch.	have not and	1/2. 2/2/2.
3314 Immediate cause (a) Cerebrai	hemorrhage	121-7/12/9/
Antecedent cause(s)		
Diseases or conditions, if any, (b)	**************************************	**************************************
giving rise to the above cause stating the underlying cause last		
(c)		1
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No th
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Write At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 21-Jan	, 195, to Feb-/2, 195, that I last sa	w the deceased
alive on Feb-12, 195/, and that death occurred at	P m from the causes and on the date sts	ated shove
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Unkurt Trowne M. II. 518-4-	sabella ST	2-16-57
DEMOVAL (Develop)	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124. EUNERAL DIRECTOR	ADDRESS
REGI - 14-57 Mary 11 Holloway	Booker on week.	ADDRESS
	$\eta_{-}\eta_{-}$	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -



2411 N. Charles Street, Baltimore

Z-11 III Onarios Street, Battimore

Ar. Gilmore		CERTIFICAT	E OF DEA	IH Reg. Dist. 1	vo. 932
1. PLACE OF DEAT	Ή-			(HOME) OF DECEASED.	
COUNTY	· · · · · · · · ·	MARYLAND	STATE Welze	COUN	TY USS 50
	corporate limits, write RURA		CITY (If outside corr	porate limits, write RURAL and	
OR give neares	corporate limita, write RURA	(in this place)	OR MA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TOWN	Salispury	1 & days	TOWN Helv	(If rural, give location)	
THOUSE IT ALL OF		eneval Hospital	ADDRESS 501	Grove Street	V
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Jane	heaventon	Bailer	DEATH February	16 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCEP,	8. DATE OF BIRTH	9. AGE last birthday If unde	
Female	White	(Specify) maurica	9-15-1899	51 yrs. Month	s. Days Hours Min.
10n. USUAL OCCUE	ATICN (Give kind of work)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State		12. CITIZEN OF WHAT
done during most of	working life, even if retired)	INDUSTRY	0 22 .	MI	COUNTRY?
13. FATHER'S NAM	wite	Housewise-home	1 14. MOTHER'S MAID	EN NAME	4.S.H.
- 1			Ala . M	Y 1	
Joseph	re aventon		Hary Horm	rendagen	
(Yes no or unknown)	EVER IN U.S. ARMED FORCES	7 16. SOCIAL SECURITY No.		D ADDRESS	~ 1
No.	service) —	1222 - 16-9512	heon A. B.	tiley - Helmar.	Del.
83a Diseases or giving rise stating the II. OTHER SIGNIF Conditions contrib	ent cause(s) conditions, if any, to the above cause underlying cause last CICANT CONDITIONS buting to the death but not	Essente	il Hype	Atension	3yn.
	ase or condition causing deat	INDINGS OF OPERATION			1 20. AUTOPSY?
198. DATE OF OX	BIGN 11014				L.
	(0 1/2) 1 DY A	GE (Hama form fortent street	·	R TOWN) (COUNT	Yes No No Y
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA		e e e e		I) (SIAIE) (
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY	OCCUR?	
INJURY	m.	Work At work			
22. I hereby eer	tify that I attended the	e deceased from	, 19.57, to He	16, 19.57 that I last	saw the deceased
SIGNATURE	1 Silu	d that death occurred at (Degree or title)	ADDRESS fales	the causes and on the date	stated above. DATE SIGNED
23. BURIAL CRES	MATION DATE	H. P. Ceme		LOCATION (City, town, or con	unty) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	W. Holloway	W.S. Many	CTOR	ADDRESS

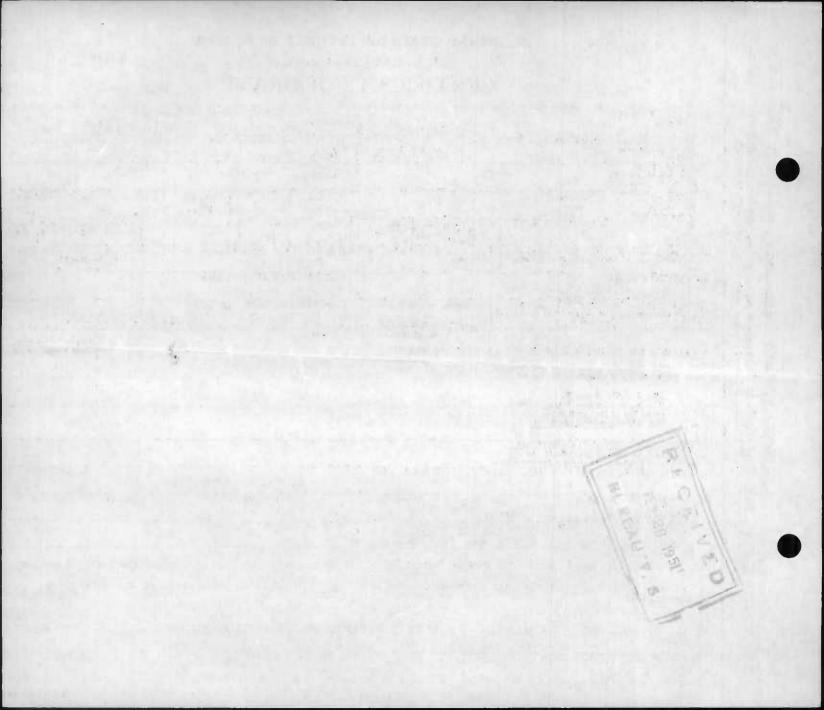


2411 N. Charles Street, Baltimore

1925

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) C	F DECEASED.	
COUNTY Nicomico MARYLAND	STATE Maryland Wicomico		
CITY Of autide compounts limits write RIRAL and I LENGTH OF STAY			
OR give nearest town) TOWN Eden Rural 2 50 years	TOWN Eden Aural 2		
HOSPITAL OR	STREET (II	rural, give location)	
INSTITUTION OR STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle)	(Last) 4. DA'		
DECEASED (Type or Print) Laura E. B	arkley DE	ATH Feb. 20 1951	
5 SEV 16 COLOR OR RACE 17. SINGLE MARRIED.	8. DATE OF BIRTH 9. AGE!	ast birthday If under 1 year If under 24 hrs.	
Female colored WIDOWED, DIVORCED, (SpecifyWidowed	May. 12, 1876 74	yrs. Months Days Hours Min.	
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign of		
done during most of working life, even if retired) INDUSTRY	Maryland	U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Alex. Wright	Maria Vright		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRES	SS	
(Yes, no, or unknown) (If yes, give war or dates of 218-20-4056	Anita Barkley E	den.Md. R.F.D.2	
IS. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	m o.		
Immediate cause (a) Chronic	myocard, +	18 m/as	
11110 1110 1111	X		
Antecedent cause(s) Diseases or conditions, if any, (b)	20 \$ 1 100	6 "	
giving rise to the above cause	-9		
stating the underlying cause last			
(c) /			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
		Yes No	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY) (STATE)	
SUICIDE OF office bldg., etc.)			
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?		
OF While at Not While INJURY m. Work □ At work □			
2110022			
22. I hereby certify that I attended the deceased from days	D., 1921, to 1020, 19	A., that I last saw the deceased	
A			
alive on 19, 1957, and that death occurred at /. SIGNATURE (Degree or title)	ADDRESS	and on the date stated above. DATE SIGNED	
Eldon G. Marsoman		ne, 1000 2/23/51	
		N (City, town, or county) (State)	
puriel 2-24-1951 Allen em		len, ^m d	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
REG. 2-23-51 Maryll, Holloway	alun 13. 6	lilan	
	Princess Anne	. Maryland	



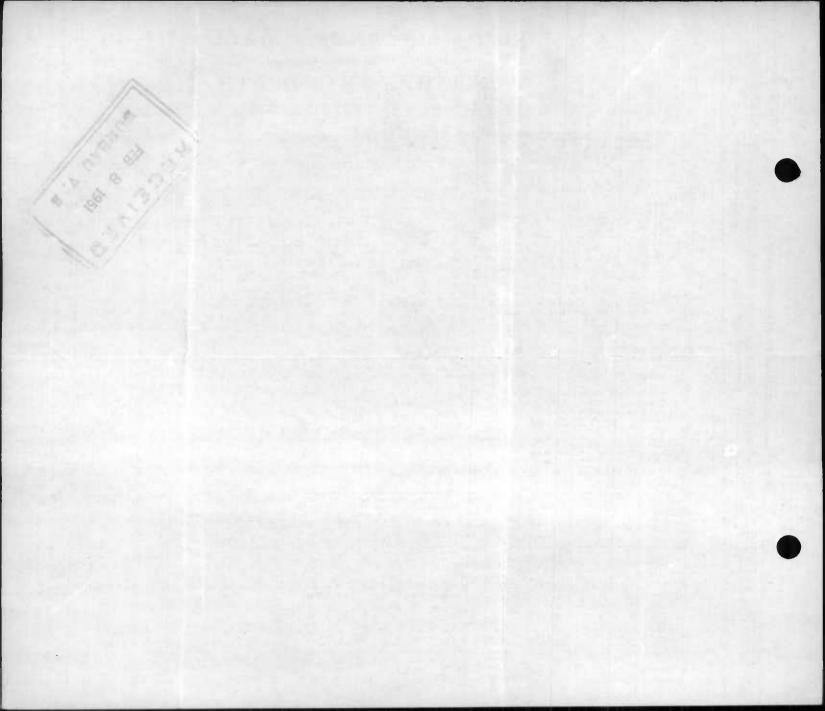
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Wice	mico	MARYLAND	2. USHAL RESIDENCE (I	- COUNTY	r co
OR give nearest TOWN Sha	orporate limits, write RURA town) arptown — Rural	Land LENGTH OF STAY LITE	CITY (If outside corpor	ate limits, write RURAL and giverptown - Rural	re nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	derifor coll	ia	STREET ADDRESS NO	er Columbia	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	Mary	Jane	Bell	OF February	ry 3 ₁₅₁
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday If under	I year IIf under 24 hrs.
Female	Colored	WIDOWED, DIVORCED, (Specify) idowed	July 14.1865	85 yrs. Months	Days Hours Min.
10a. IISHAL OCCUPA	ATION (Give kind of work of king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State of Wicomico Cou	or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
Ephram V	Valler		Betsy Nelson		
15. WAS DECRASED EV	ER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
NO (Yes, no, or unknown)	(If yes, give war or dates o	None	Mrs. Maggie Ga	ines, Laurel, Del	., R.F.D.
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH	,		INTERVAL BETWEEN ONSET AND DEATH
		P 0 . 0	11.		A. J.
Immediate	cause (a)(Gereoras	/ Kenoma		yeur
33/X Anteceden	it cause(s)	Exercise All	ersis		7
830 giving rise to stating the u	the above cause inderlying cause last				
II. OTHER SIGNIFIC	CANT CONDITIONS ting to the death hut not				Research to the second
related to the diseas	e or condition causing death				
19a. DATE OF OPER	RATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT	(Specify) PLAC	F (Home form fortow street	CITY OR 7	POWAL (GOVINGE)	Yes No
SUICIDE HOMICIDE	OF IN J U				(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CURI	
22. I hereby certi	fy that I attended the	deceased from 7211	, 1951, to Fet	, 196.7., that I last s	aw the deceased
alive on Te	LV 1951 and	that death occurred at 1	2:10 p.m. from the	causes and on the date st	ated show
SIGNATURE /	1/10	(Degree or title)	ADDR Pe S	and our our days of	DATE SIGNED
A	5. Kechlow	ay M.D.	Shaplom	That o	43/51
23. BURIAL, CREMA REMOVAL, Speci	Feb. 6, I	.951 Mt. Nebo Ce	me tery	Near Sharptown, or count	(State)
DATE REC'D BY I REG. 2/6/5	OCAL REGISTRAR'S				



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

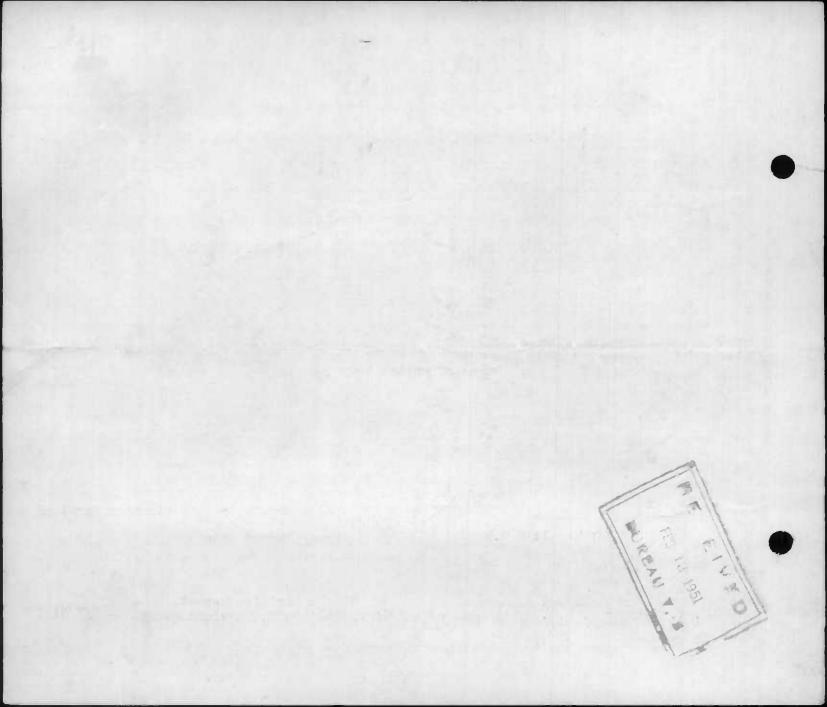
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EALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

I. PLACE OF DEATH-	1	(2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY	md	STATE	
CITY (If outside corporate limits, write RURA	MARYLAND L and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
TOWN Jales being	(in this place)	TOWN Halisbury	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS (If got all give location)	
STREET ADDRESS	ons SI-Ey	ADDRESS Evans St Ex.	
3. NAME OF (First)	(Middie)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)	m.	Borker DEATH 2	3 1995
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hr
female cal	(Specify) Tingle	2-3-130 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		COUNTRY?
none		Dalisbury md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	1 16 Coorts Charman No.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of		11. Hydriani	
a laervice)		TORUS ISON	
	18. MEDICAL CE	RIPICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY I	LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a)	Burns of entire b	ody	Judden
91/ -	Tanklik Fare F. W. To us and Tanklik and galling The State and State at 100 accounts.	Total contest and the contest of the	death
Diseases or conditions, if any, (b)			2
/SO giving rise to the above cause). (1.0)	
stating the under'ying cause last			
II. OTHER SIGNIFICANT CONDITIONS			1
Conditions contributing to the death but not related to the disease or condition causing death	non		
19a. DATE OF OPERATION 19b. MAJOR F			20. AUTOPSY?
nove			Yes No X
21. EXTERNAL CAUSE WAS PLACE	(Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
PRIMARY TO OR CONTRIBUTING GOF CAUSE OF DEATH.	office oldg., etc.)	Salisbury Wicomico	Mary land
TIME (Month) (Day) (Year) (Hour)	While at Not while	HOW DID INJURY OCCUR?	
	• work at work	House burned down	
22 I certify that I took charge of the remai		Autopsy [], Inspection [Inquiry] thereon and	from the enidence
obtained by said Autopsy, Inspection or	Inquiry, find that said dece	eased died on the dry stated above, and death in my	opinion resulted
from: natural causes [], accident L	, suicide [], homicide [],	undetermined [].	DAME GIGINA
SIGNATURE	(Degree or title)	ADDRESS 502 N. Division Street	DATE SIGNED
L. A. Rademaker, M.D.Deputy	y Medical Examine		2/7/51
23. BURIAL CREMATION DATE THEREO	F NAME OF CEMETE	CRY, OR CREMATORY LOCATION (City, town, or coun	ty) (State)/
2 Fill (Specify) 2-9-5	1 Islaso	felf Cla Torsons bury	md.
DATE REC'D BY LOCAL REGISTRAR'S S	SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-8-51 Mary 11	1. Holloway	I dowker In west	
		< 1. /n.	and
		() alisou	4 4.7



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

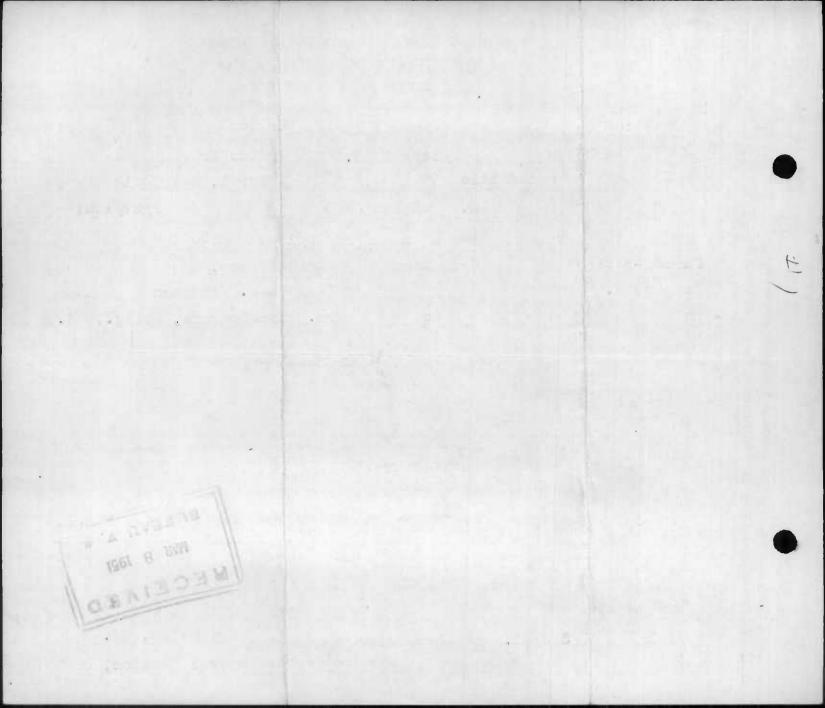
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(M	1
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The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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A15A	1
ci.	/

	FOR MEDICAL	EXAMINERS	R	teg. Dist. No.	116
1. PLACE OF DEATH-		2. USUAL RESIDENCE		EASED. COUNTY	7
COUNTYWicomico	MARYLAND	Mary			Dorchest
CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN	and LENGTH OF STAY (in this place)	CITY (If outside corp	orate limits, write R	URAL and give	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS in automobi	ile	STREET	(If rural, g	lve location)	Grove
	(Middle)	(Last)	1 4. DATE	(Month)	(Day) (Year
DECEASED (Type or Print) ARTHUR	C. BRINSFI	ELD	OF DEATH	2/27/19	51 19
6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	F77	day If under I Months	year If under 24 h Days Hours M!
10a. USUAL OCCUPATION (Give kind of work 10	Ob. KIND OF BUSINESS OR INDUSTRY COO farm	Reids Gr		12. C	CITIZEN OF WHA
13. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME		
Dennard H. Brinsfield		Virginia G	· Thompso	n	
5. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY No.	17. INFORMANT			
Yes, no, or unknown) (If yes, give war or dates of larvice)	none	Mrs. Jose	Zequera.	Balto.	Md.
	18. MEDICAL CE				
. DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH				INTERVAL BETWEE
DENEASES OF CONDITIONS BINESEED BY		celungo			0.00
Immediate cause (a)	and a	cco-07	(1
Intillediate cause					dead
Antecedent cause(s)					
Diseases or conditions, if any, (b)		020 7 0000******************************	0 004 0M4 000 10 00 00 00 0 00 00 00 00 00 00 00 00 0		0404 00 00 00000 0000 00000 0000 0000
atating the underlying cause last					
(c)					V
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arturedural	of corder	resculo	Sur	29
19a. DATE OF OPERATION 19b. MAJOR FIN	DINGS OF OPERATION				20. AUTOPSY?
mark !					Yes No 7
21. EXTERNAL CAUSE WAS PLACE	(Home, farm, factory, street,	(CITY OF	R TOWN)	(COUNTY)	(STATE)
	office hldg., etc.)				
TIME (Month) (Day) (Year) (Hour) Il	NJURY OCCURRED	HOW DID INJURY	OCCUR?		
	/hile at Not while	7-3-0			
				_	-
22. I certify that I took charge of the remains	s described above, held an A	utopsy [], Inspection	Inquiry &	thereon and f	rom the evidence
obtained by said Autopsy, Inspection or I	nguiry, find that said dece	ased died on the day sto	ated above, and d	eath in my o	pinion resulted
from: natural causes , accident ,		undetermined .			DATE SIGNEI
SIGNATURE	(Degree or title)	ADDRESS	1. /		DATE SIGNED
follocernales v	up a	alistory	med	3	12/5/
2. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETE	RY OR CREMATORY	LOCATION (City		(State)
burial (Specify) 3/3/51.	Brookview	Chunch	Brookvie	ew, Md.	
DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24. FUNERAL DIREC			ADDRESS
nevel 7, 1951 from F	race, by X. V.	Le Compte F	uneral Se	ervice.	Cambride
	ial stattains	W .			Maryland
may	IN MANUAL				
	1004				290116



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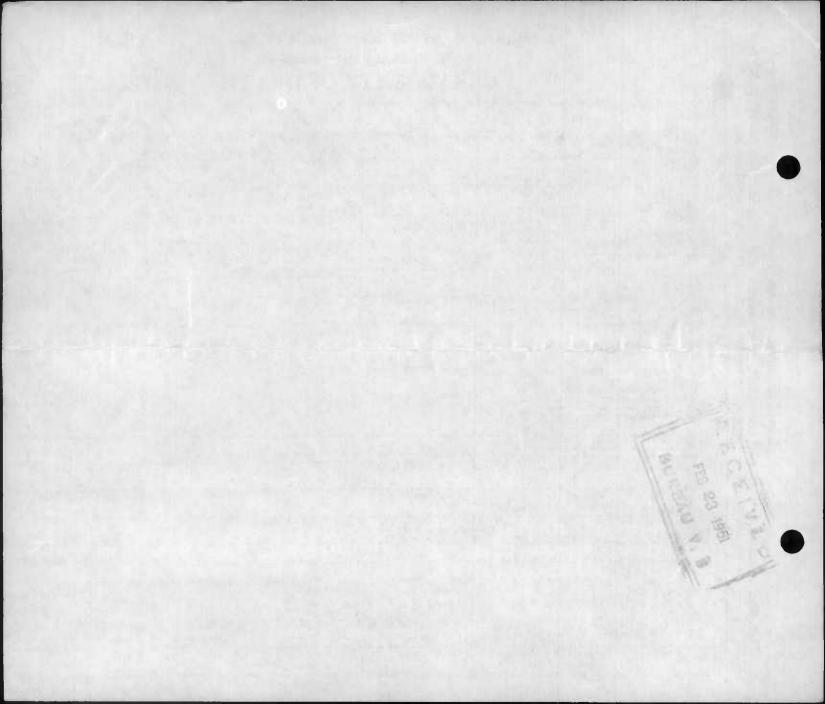
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY OR COME MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEMBED	Amic
CITY (II. diside corporate limits, write HURAL and LENGTH OF STAY (in this place)	OR TOWN THE CONTROL OF TOWN	hd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main of	STREET Main (If rural, give locati	on)
3. NAME OF DECEASED (Middle) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH THE	932 - 301
6. SLANGLE MARRIED, SLANGLE MARRIED, SLANGLE MARRIED, Specify	S. DATE OF BIRTHO 0 9. AGE last birthday If	under 1 year If under 24 hrs. onths Days Hours Min.
done during root two king life, run il etired) 10b. KIND OF BUSINESS OR INDUSTRIAL	11. BIRTHPLACE (State or foreign collatry)	12. STIZEY OF WHA
18 FATHERS NAME O'LLENE	Hulda ann Ell	ist 1
18. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. Yes, no or unknown) (If yes, give war or dates of service)	M. Paul Cares (2001)	0 15-140
18. MEDICAL CE	RTIFICATION 01 24 /2511.	4 170
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	2127. process 1	ONSET AND DEATH
	/	1 1
331 Immediate cause (a) Cerebral &	·	6 dys
Antecedent cause(s) Diseases or conditions, if any, (b)		15 mo-
92 diving rise to the above cause stating the underlying cause last		
giving rise to the above cause		
12 d giving rise to the above cause stating the underlying cause last	There Direase	157-
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Thuis Direase	20. AUTOPSY?
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Henry Direase	
giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	(CITY OR TOWN) (COU)	Yes No
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) SUICIDE (Nonth) (Day) (Year) (Hour) While at Not While		Yes No
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COU	Yes No No NTY) (STATE)
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (Month) (Day) (Year) (Hour) INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY More At work 22. I hereby certify that I attended the deceased from the graph of the graph o	(CITY OR TOWN) (COUNTY HOW DID INJURY OCCUR!	Yes No No NTY) (STATE) ast saw the deceased te stated above.
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



VS. Al5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

V DI ACR OF DRAWN.	I S LIGHT DECIDENCE (HOME) OF DECIDED
I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COMME
MARYLAND MARYLAND	Maleyland
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give peared town (in this place) TOWN Contraction (in this place)	TOWN alless
HOSPITAL OR	STREET (If rural, give location)
THEOREM ON OR -	ADDRESS A
STREET ADDRESS Peninaula General Hospita	Coen husal 2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED MA PAGE	Cathell DEATH February 19 1957
(Type or Print) WK Chakles 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 10 ar If under 24 hrs.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	W. Z. 1012 C 7 Months. Days Hours Min.
male White (Specify)	1 Sout 2 1863 8 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of vorking life, even if retired) INDUSTRY	Manual Read SOUNTRY'S
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
13. FAIRERS NAME	14. MOTHER'S MAIDEN NAME
Leviso talpell	May Jone ceres
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) [(If year, give war or dates of	m m Ca Pathon Poles melon
service) m m	x/M. III see curer com IIN 19 11 11 1
TA SERDICAL CO	INDIFFICATION IN THE PROPERTY OF THE PROPERTY
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
1. DISEASES ON CONDITIONS DIRECTLE MEADING TO DEATH	ONSET AND DEATH
Mustadia	Deen Mesenger Bent
Immediate cause (a)	
420.6 Antecedent cause(s)	111 11 Kenston
Antecedent cause(s)	
Anticocción Manuelo,	+ · */2 + //2 > be - 10-
- /h. xo 0 /	tic Heart Mideace 3m
93d Disease or conditions, if any, giving rise to the above cause	tic Heart Mideau 3yr
934 Diseases or conditions, if any, the conditions of any	tic Heart Mideace 3gm
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS	tic Heart Misease 3gm
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	tasis from Sym
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	tacis frusho. Syn
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	tacis frucho. 2 yr. 20. AUTOPSY?
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2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

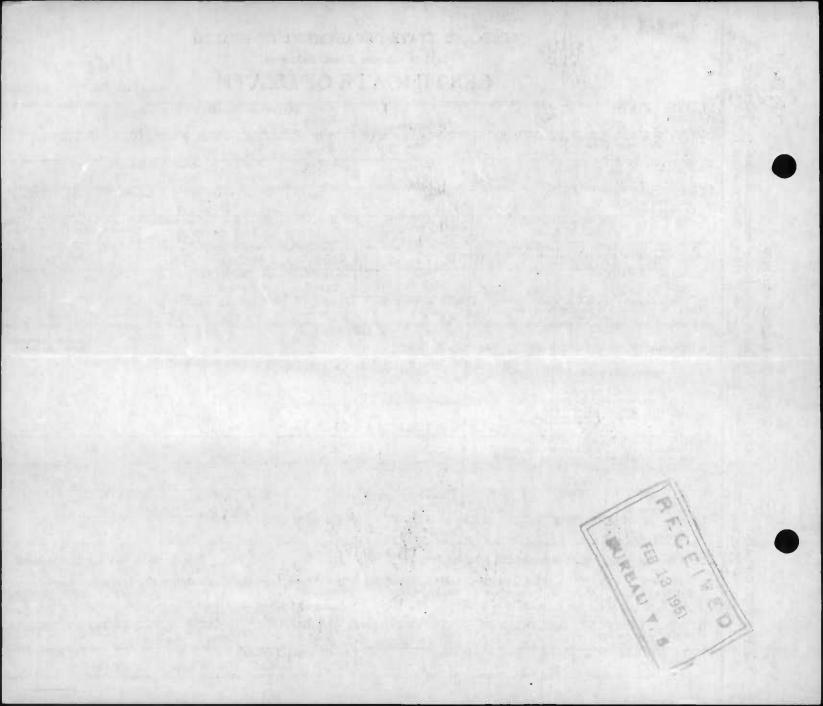
1932

	Reg. Dist. No. C.	-d. Thank
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY WIGO MARYLAND	STATE Defaurage Sussex	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give near	rest town)
OR give nearest town) Jalis bury (in this place)	TOWN Seaford.	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR Penins who General tos pital	ADDRESS 410 MARKET ST.	1
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	y) (Year)
(Type or Print) Jamuel COTHERN Cam	nings DR. DEATH Tebruary	5 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under lyear	If under 24 hrs
(Specify) makkiep	AUG 28 1877 7.3 yrs. Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done during most of working life, even if retired) Industry	11. BIRTHPLACE (State or foreign country) 12. CIT	IZEN OF WHAT
TINSMITH METAL WORK	SHIPPENSBURG, PA	DSA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
STEPHEN CUMMINGS	MARY CARNEGIE	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
No service) —	Samuel Cummings JR- BRIDGEOILL	e, der
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Osta	ERVAL BETWEEN SET AND DEATH
Dates: - sole 7	ie heart disease.	
Immediate cause (a)	a wall was	***********************
58/ O Antecedent cause(s)		
Diseases or conditions, if any, (b).		
124 giving rise to the above cause atting the underlying cause last		
(Curlivsu, ll	er.	
11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY?
	Ye	No []
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
7.00 H	C1 3.15 C	
22. I hereby certify that I attended the deceased from Febr. 4	1951, to 3ch. 5, 1951, that I last saw th	he deceased
	4:30 A.m., from the causes and on the date stated	aharra
SICNATURE: (Degree or title)		ATE SIGNED
Clarequaries R. M.D.	Salisbury, Ma. Feb. 5.	1951
Acceptance of		
DENISONAL (Greatles)	RY OR CREMATORY LOCATION (City, town, or county)	(State)
BURIAL 17 FEB 1951 FERN WOOD		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.		DDRESS
2.1-31 Marill Holloway	MEDFORD L. WATSONJR - SEAFOR	O, DEL
	En	1211
	291	1246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



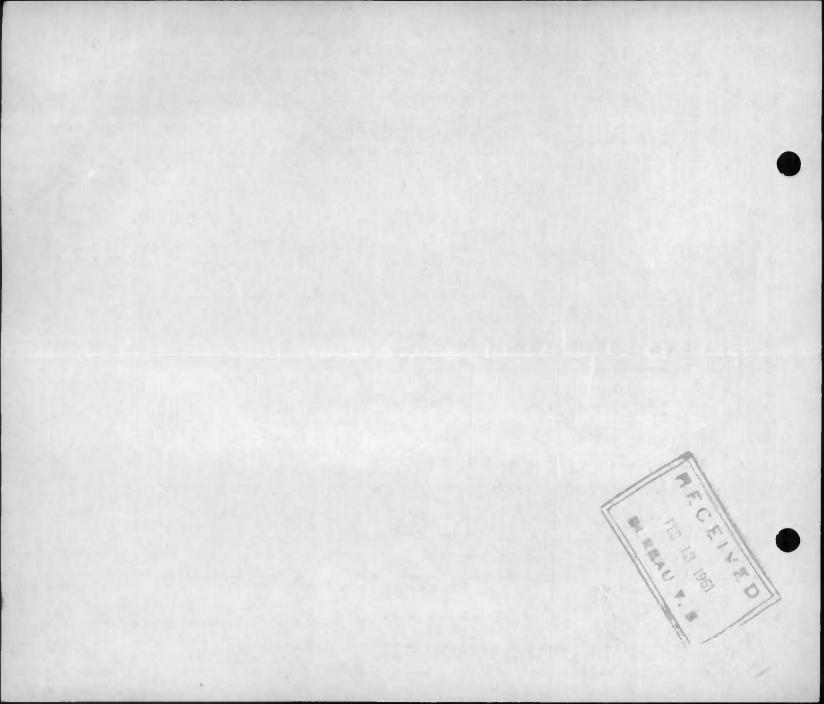
The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

W. W not

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICAT	TE OF DEATH Reg. Dist. No.	. 332
I. PLACE OF DEATH- COUNTY COUNTY CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS formsula Moneral Mospital	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT CITY (If oxiside corporate limits, write RURAL and given town STREET ADDRESS (If rural, give location)	centa
3. NAME OF DECEASED (First) (Middle) (Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10. USUAL/OCCUPATION (Give kind of work 10b. Kind of Business or	/ / yrs.	(Day) (Year) 195/ 1 year If under 24 hrs. Days Hours Min. 2. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECRASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unimpum) (If year, give war or dates of gerylce)	MOTHER'S MAIDEN NAME MENONY J'INFORMANT AND ADDRESS 2111 12 45 44	Phila Pa
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Hemi plegia	2 wuha 20. AUTOPSY? Yes No No
21. ACCIDENT SUICIDE OF office bldg., etc.) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.	(CITY OR TOWN) (COUNTY	
22. I hereby certify that I attended the deceased from	ADDRESS ADDRES	tated above. DATE SIGNED
REG. 2 9 31 Mary 111 Holloway	Melly D. Jemmis Suon Sill	ma



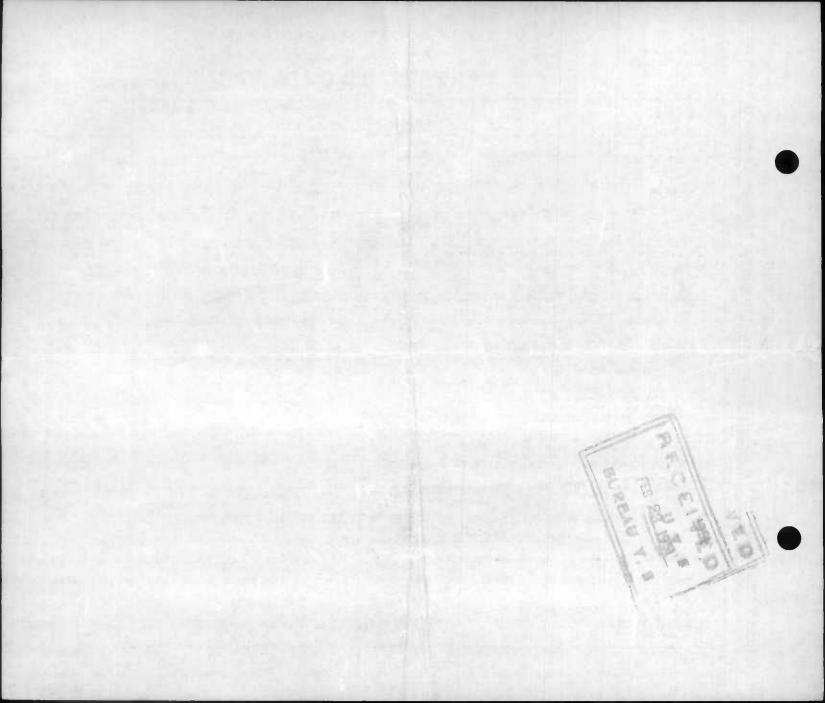
CERTIFICATE OF DEATH

	Reg. Dist. No.
I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	STATE Maryland Worcester
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give negrest town)
OR give nearest town) (in this place) TOWN Salablum 2 who I day	TOWN Berlin
HOSPITAL OR .	STREET (If rural, give location)
STREET ADDRESS Nutters Convalencent Home	ADDRESS Route # 2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) George 54.	Dennis DEATH 2 - 16 - 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs
male a a WIDOWED, DIVORCED, (Specify) widowed	about 1881 about 70 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 2 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRIF	Marion Station, Somerset Co. & COUNTEYTU, S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of none	Miss Edinabeth Powell Ocean City Md
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH CO	replus Tailures Bryten
1-1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Immediate cause (a)	res Scherolio Heart Disease Mik,
Hao Antecedent cause(s)	
Diseases or conditions, if any, (b)	
The giving rise to the above cause stating the underlying cause last	0 1 01 110 .
(c) II p. tusions	+ Bures of Jaco lue to delle I day
II. OTHER SIGNIFICANT CONDITIONS	1 in I have
Conditions contributing to the death but not related to the disease or condition causing death.	Untersion
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No TX
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) INJURY	Malistren Winnes ale
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OFCUR?
OF INJURY Feb. 1 1951 32 Pm. While at Not While Work Work	2 No fall
420	TA 76.11 -
22. I hereby certify that I attended the deceased from the control of the control	1951, to Telling, 1951, that I last saw the deceased
alive on Jeb 16, 1951, and that death occurred at	7. m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
1911 1-12 al mas	Alit had shall
Levell semony	Sausbury 100 2/19/31
DEMOVAL (Specify)	RY OR CREMATORY COCATION (City, town, or county) (State)
Burial 12-19-51 Everageen	Cemetery a Berlin Worcester Co. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OREG.	24. FUNERAL DIRECTOR ADDRESS
2-17-01 Mary W. Noter Way	James B. Dashiell Salisbury Md.
	0
-	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

220

OBICI IFIGIT	Reg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Wicomico MARYLAND	STATE Maryland Worcester
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Salisbury 18 months	TOWN Pocomoke City
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS 515 Davis St.	ADDRESS Laurel St.
3. NAME OF (First) (Middle)	(Last)Denston 4. DATE (Month) (Day) (Year)
DECEASED Mary Do E.	Della DEATHFeb 26, 1951 19
5. SEX 6. COLOR OR PACE 7 SING MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
Female White WIDOWED, DIVORCED, (Specify) Widow	May 15, 1859 91 yrs. Months Days Hours Min.
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Home	Maryland COUNTRY? US
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no or unknown) (If yes, give war or dates of None	IMrs. Lumma Maddox, Pocomoke, Md.
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
Antecedent cause (a) Antecedent cause (b) Course of the shore cause stating the underlying cause last	eg Mitally withink to beign
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 20.2.	1., 1951, to Zef 23.95, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
SIGNATURE (Degree or title)	213WChurchy Hald
	ERY OR CREMATORY LOCATION (City, town, or county) (Sate)
REMOVAL (Specify) 2/28/51 Hall's Hil	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE / /	24. FUNERAL DIRECTOR ADDRESS
REG. 2 97-51 Mary W. Hotlomay	Henry H. Watson, Pocomoke City, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



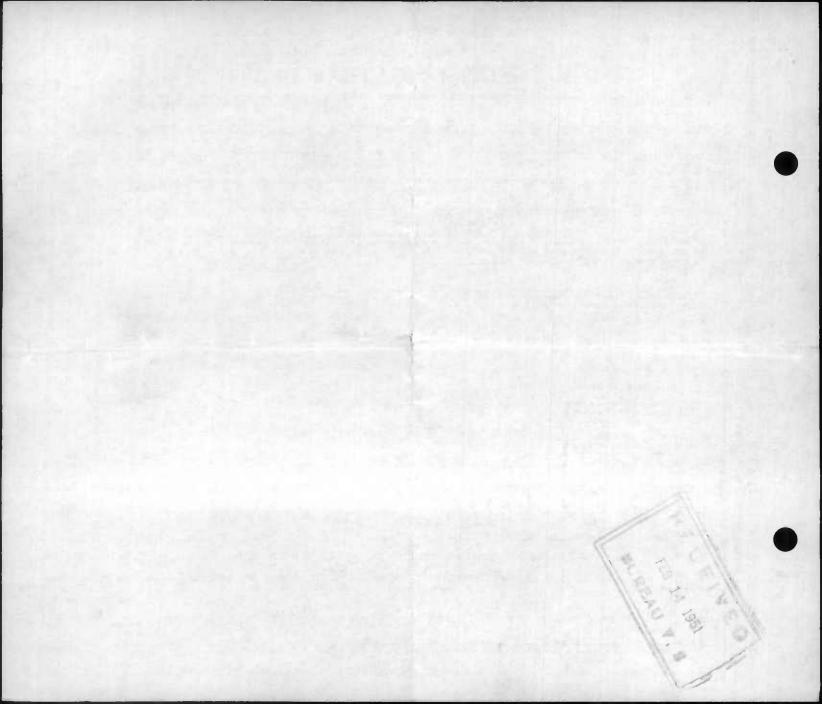
Evidence change item (9) on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

MMNo. G 131	FFR 23 1951	CERTIFICA	TE OF	DEATH
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The state of the s	· · · · · · · · · · · · · · · · · · ·
I. PLACE OF DEATH- COUNTY WILLOWICS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Wiconics
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY (in this place)	CITY (If outside conforate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Chayles Sheat	DEATH Feb. 8 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIYORCED, (Specify)	6. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs Oct, 10-1885 9. AGE last hirthday Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) 10b. Kind of Business on Industry Tarme Name Tarme	STEEL Will, Md. 12. CITIZEN OF WHAT COUNTRY? 4. S
13. FATHER'S NAME	Thaner Jackson
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND PADDRESS Transless Doman Leen Hill m
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerulal /	hessebosio 8 days
Antecedent cause(s)	
13/ a Diseases or conditions, if any, (b) Writing acclinite	Corcho vascular Rush 14h
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	- Un howy
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
ZI. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 24 Nov	, 1947, to 8. 74. , 19.51, that I last saw the deceased
alive on 8 74. , 1951., and that death occurred at	1451 m., from the causes and on the date stated above.
(3) 0 111 9	ADDRESS DATE SIGNED
23. BURIAL, CREMATION DATE REMOVAL (Specify) 23. BURIAL, CREMATION DATE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	124 TUNERAL DIRECTOR ADDRESS
REG. 2-10-5-1 Mary W. Holloway	ADDRESS DEVALUE, MR
	82010270116



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1937

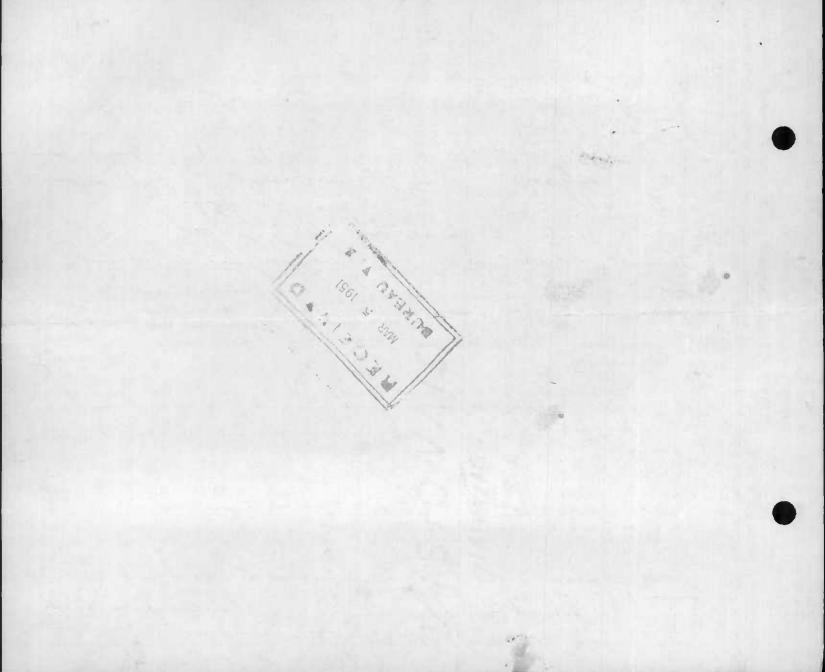
Reg. Dist. No. 33.2.

1. PLACE OF HEATH COUNTY VICTORIES	YLAND 2. USI	UAL RESIDENCE (HOM	COTTATAL	7
CITY (If outside corporate itenity write RURAL and LENG	TH OF STAY CIT	TY (If outside corporate li	lits, write RURAL and giv	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS - 1 7 Heart	STI	REET DRESS 241	(If rural, rive location)	Road
3. NAME OF DECEASED (Type or Print) Mulling (Middle)	Milliorseal	reary 4.	DATE Month	(Day) (Year)
5. SEX 6. COLOROR DACE 7. SINGLE, M. ANTOWED. (Specify)		TE OF BIRTH	GE last birthday If under Months	I year If under 24 hrs Days Hours Min.
109. USUAL OCCUPATION (Give kind of work in the land of work in the life, ever it retired)	BUSINESS OR (11. D)	RTH IACE (State or for	eign countair) 12	CITIZEN AF WHAT
13. FATHER'S NAME Ountan	Ha	OTHER'S MAIDEN NA		0
16. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service) 18. DISEASES OR CONDITIONS DIRECTLY LEADING TO 1	CURITY NO. 117. IN	FORMANT F. K	Puncan 1/2	2m1
	MEDICAL CEPTICA	TO lle Ros	Jack la	0.00
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH		T attack	ORSET AND DEATE
913 3 Immediate cause (a) Carte	n Minney	ude guis	way	Oulde
Antecedent cause(s)				austis
163 / Diseases nr conditions, if any, (b)			**************************************	
stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	PERATION			20. AUTOPSY?
none				Yes No 5
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF Office dg., etc CAUSE OF DEATH.	2	Oslishing	wecome	Interest.
TIME (Month) (Day) (Year) (Hour) INJURY OCCU	IRRED HOW at work	DID INJURY OCCUR		
22. I certify that I took charge of the remains described a	bove, held an Autopsy	, Inspection -I	nquiry thereon and	from the evidence
CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY 26 27 1NJURY North No	Inal said deceased di homicide [], undel	ed on the day stated an ermined [].	ove, and death in my	opinion resulted
SIGNATURE (Degree	or title) ADD	RESS	2.1.1.1.1	DATE SIGNED
Jakallender MP	502 14	o llivst ?	raciony in	2/27/5/
23. BURIAL CREMATION DATE THEREOF NAME REMOVAL (Specify)	OF CEMETERY OR	CREMATORY	ATION (City, town or count	(Splite)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-28-51 Mary W. Hol	lonay 23-FT	NEBAL DIRECTOR	LG.	ADDRESS
	1 he	Men 1/7 H	Money	564246

VS. A15A

MARGIN RESERVED FOR BINDING

The correct age





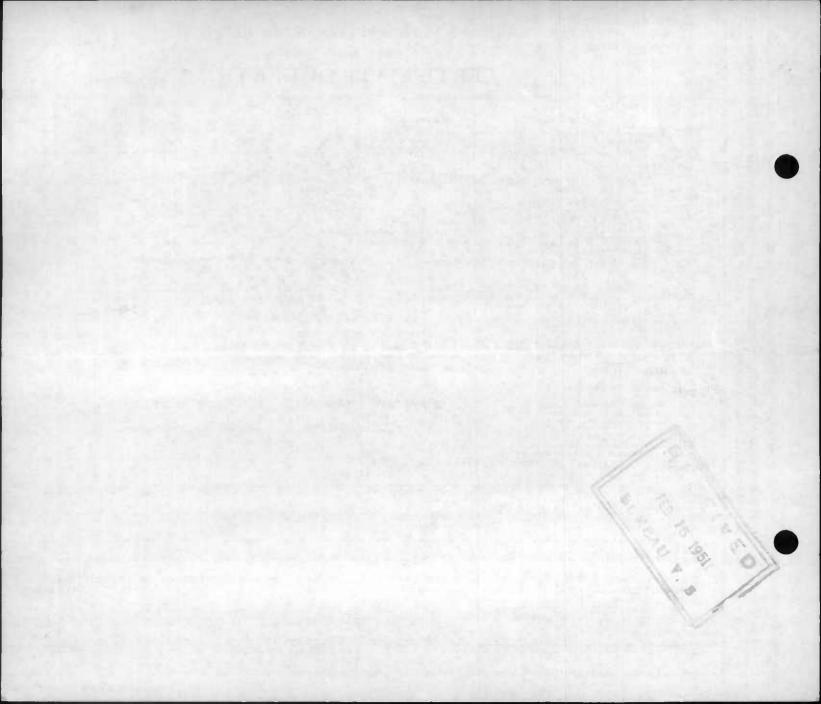
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 332

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Wiconneo MARYLAND	STATE Maryland COUNTY Somerset
OR give nearest town) all selected (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS ORT'S School State Hory.	STREET (If rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Feb. // 19-5/
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Dec. /, 1888 62 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 2.5. 9.
13. FATHER'S NAME Edward Evans	14. MOTHER'S MAIDEN NAME ELiza Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of Luminous beervice)	17. INFORMANT AND ADDRESS PLACED.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
420.1 Immediate cause (a)	cellesian recurrent few mounts
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	rombosis and myscardal I year.
II. OTHER SIGNIFICANT CONDITIONS	olie Cardiovare. desage 6 gs.
Conditions contributing to the death but not related to the disease or condition causing death.	hemovihoids / year.
19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20.AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Sept.	, 1949, to Jeb.//, 1957, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
CRECA: PACE M. SICKS &	RYOR CREMATORY & LOCATION (City Adwin, or county) (1964a)
(BEMOVAL (Specify) 7 cbs 14-51 STO av	I M.E. Wenone Kit
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1251 Mary 11 Volloway	LA UNERAL DIRECTOR CONCRETE CONTROL ADDRESS
	a ma





Per l

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Wicomico MARYLAND	STATE Meryland COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
CITY (If outside corporate limits, write RURAL and OR give nearest town) 2/isbury (in this place)	OR - 1	
	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Peninsulz General Hospitzl	ADDRESS	
DECEASED P	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Equard Vavis	reeney DEATH Feb.	195/
Male While (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under	I year If under 24 hrs Days Hours Min.
Male While (Specify) Upuned	74716/7, 13/11/19 yrs. 19	13
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
13. FATHER'S NAME	Quantico Maryland	U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
George D. Freeney	Szrzh Jane Waller	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no, or inknown) (Il yes, give war or liates of iservice)	Mas. Howard Freeney, Qua	-time MJ
18. MEDICAL CEI	RTIFICATION	HI100 Han
	,	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (s) Victura		1 (ise le
. Illineulate cause	A	
Antecedent cause(s)	tale & Obluctions	11116
Diseases or conditions, if any, giving rise to the above cause		au mioure,
stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	1. 11	
22. I hereby certify that I attended the deceased from 23	1951, to fet , 1951, that I last s	aw the deceased
alive on		
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
(J. 1) As bring 160 . () V	nautorala st. a.	1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	(8)
	The state of the s	A 4
DATE RECO BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	Mela
REG. 1 1 11 MANALINE	DIRECTOR - 1 R.	ADDRESS
22) May M. Nolls Way	(-/ / Messus Duralve	W/1.
//		



PLEASE

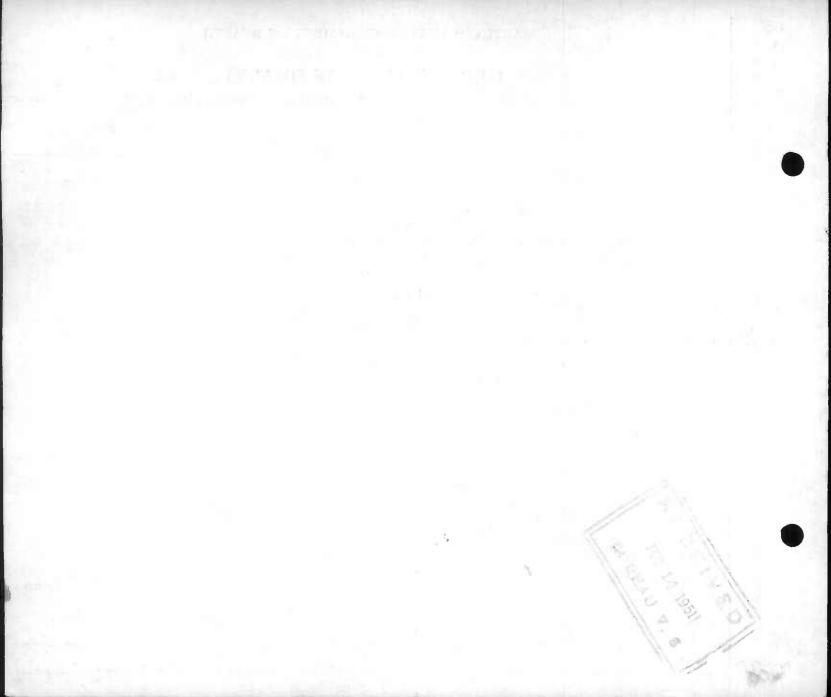


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Wicinners Co	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEAS	COUNTY -	ued	
CITY (If outside corporate limits, write RU OR give nearest town)	RAL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN	te limits, write RUR		erest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS White	Honen	STREET ADDRESS	(If rural, give	location)		
3. NAME OF (First)	(Middle)	(Last)	14. DATE ()	Month) (D	ay) ((Year)
DECEASED (Type or Print)	A.	Sale	OF DEATH	2 6	>	195-/
male 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthdey	Months De	If under	Min.
10a. USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired	k 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. Cr Cour	TIZEN OF	WHAT
13. FATHER'S NAME			NAME			
Edword Sale		(horalett	- 13ockl	es		
15. WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or detellar processes)		17. INFORMANT	ele.			
jac vicey	18. MEDICAL CE					
	18. MEDICAL CE	RIFICATION		TN	TERVAL BE	TWO ISSUED
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	0			SET AND	
	1	// .			, //	. 1
Immediate cause (a)	Coronary / huss	ibesio.			Kou	N.
Antecedent cause(s) Diseases or conditions, if any, (b)	arteus scelerate	- Heart De	cease É	3	3 year	rs,
93 giving rise to the above ceuse stating the undorlying ceuse last	#1:	Patien			0	
(e)	7000	latter				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the deeth but not releted to the disease or condition causing de						
19a. DATE OF OPERATION 19b. MAJOR				1 20	. AUTOPS	IV?
	LOT (W		O PORTE DI			No 🗆
SUICIDE OF	ACE (Home, ferm, fectory, street, office bldg., etc.) JURY	(CITY OR T	OWN) ((COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?			
2110 0112	, 9	10 /01				
22. I hereby certify that I attended t	he deceased from # ##	4 - Cm				ased
alive on Pleh 1950, a	and that death occurred at	ADDRESS	eauses and on th	e date stated.	above.	NED
2 la 24. Same	Ours. W.D.	nautrobe	hid.	2/9	151	
23. BURIAL, OREMATION DATE THER BEMOVAL (Specify)	SI POLED TO	0 0	OCATION (City, ton	11 000	(Sta	1
DATE REC'D BY LOCAL REGISTRAR'		24. FUNERAL DIRECTO	R of	A	DORESS	n
2-10-31 Mary	W. Holloway	1 Drokes 7	n week	dale	afecry	
			1001	2000	4.4	1



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15

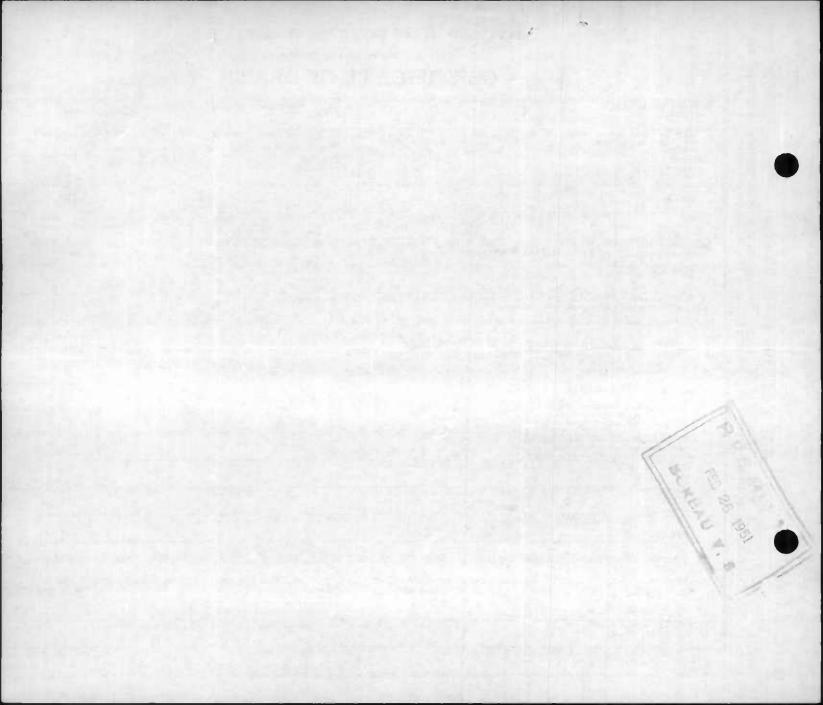
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1942

CERTIFICATE OF DEATH

COUNTY 1// COME MARYLAND	STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) (in this place)	OR Description
TOWN Salarling rund. 1 41:10 Mo.	STREET (If rural, give location)
HOSPITAL OR INSTITUTION OR PARTIES AND	STREET (If rural, give location) ADDRESS
STREET ADDRESS	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mooth) (Day) (Year)
(Type or Print) June Milton 48	deven DEATH 2 13 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year Il under 24 hrs. 11-24-1878 72 yrs. Hours Mio.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Allemer Po Va. COUNTRY?
13. PATHERS NAME	14. MOTHER'S MAIDEN NAME
to the state of th	Planet Phen
samuel a grawin	Muran Mare
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
service)	valuento Hosp Micora.
TO MEDICAL OR	PETERON TON
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	The state of the s
Immediate cause (a)	y Inbulutoris - 4 yes.
OD 2 XAntecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but oot	ueles 2600.
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
13E DATE OF OPERATION 13E MAJOR PINDINGS OF OPERATION	20. #U10PSY?
L DV L CD L W	Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from. H.///	, 1949, to 2/13 , 1951, that I last saw the deceased
alime on 2/13 10.5/ and that docth commend at 7	050 m from the course and on the date stated share
alive on, 19, and that death occurred at	ADDRESS DATE SIGNED
Stof Hurdle M.D.	Sabsbury Ma 2/13/57
23 BURIAL CREMATION DATE NAME OF CEMETE	DV OD CDEMATODY LOCATION (CA.
1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Julius 10/10/01 10 augusty a	wetery Parkslee Va,
PATE REC'DIT LOCAL REGISTRAR'S SIGNATURE WALL HOLD WAY	



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY	2. USITAL RESIDENCE (HOME) OF DECEASED	
WACATYUTO MARYLAND	STATE COUNTY	Wird
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and giv	e nearest town)
TOWN AUGUNT GOINS.	TOWN GULLSPULL	
HOSPITAL OR INSTITUTION OR DA I A-1	STREET (If rural ive location)	011
STREET ADDRESS CLAN Up DWA.	allen lith I	erd.
3. NAME OF (First) (Middle)	(Last) , 4. DATE (Month)	(Day) (Year)
(Type or Print) LOSENA WEST	GOROLI DEATH	76 1957
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9. AGE last birthday If under	year If under 24 hr
Similar while (specify)	May 70, 1871 79 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give find of work 10b Kind of Business on		CITIZEN OF WHAT
don dung most of working life, wan if retired) working to There	1 Main Cloud	William C.
13. FATHER'S NAME	14. MOTHER'S MANDEN, NAME	
Durlon Vest	Helle huast	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no. or, unknown) (If yes, give war or dates of	17 INFORMANT AND ADDRESS	1.1.
100 service) 100 b	Tous Juna J. Ud.	Emo
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
Mart 200	e + kuhslisti .	
153x Immediate cause (a) Fuclus	L. I villement.	
16 /	117-	
Diseases or conditions, if any, (b)	Meslus'	#0 00 00 00 v i i i i i i i i i i i i i i
#62 giving rise to the above cause stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from 7442	6, 19.51, to 76, 26, 19. 3 that I last as	m the leaves of
22. I hereby certify that I attended the deceased from	m, 19.0.1, to, 19, 19, that I last as	w the deceased
alive on 195, and that death occurred at	5m., from the causes and on the date sta	ted above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
ansied Hearly This	24.3 Wheneworka	2121K1
23. HURIAL, CREMATION DATE/THEREOF NAME) OF CEMETE	RY OR CREMATORY LOCATION (City, town or count	y) (State)
REMOVAL (Specify) 3/////	a Cemitro / William	Some
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNEBAL DIRECTOR , /	ADDRESS
REG. J-24 51 Mary 111 Har may	Mindel & Johnson	2/0
- and incompanies of contrary	Company of the state of	10 00.
	repose . Me	1/1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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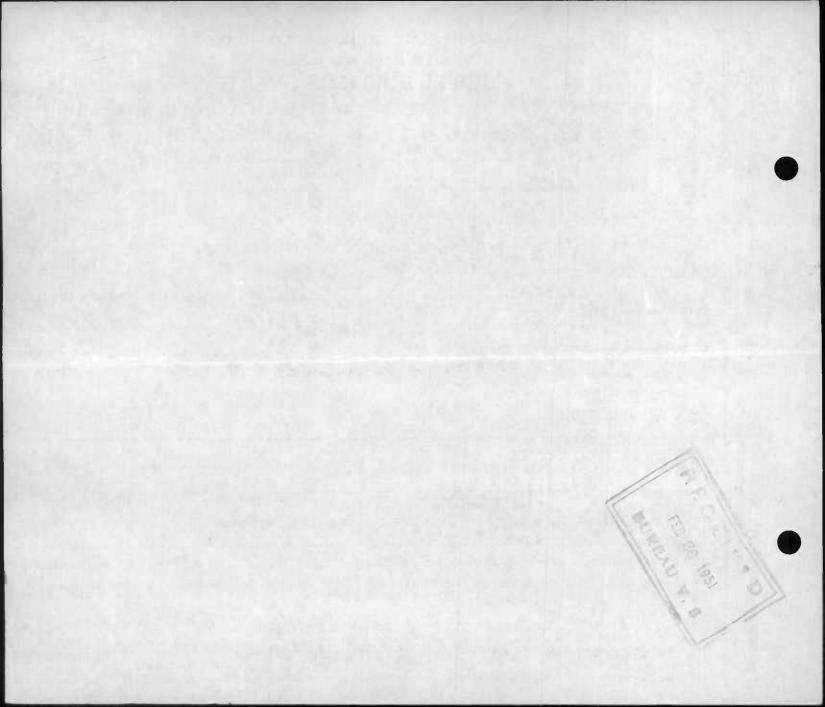
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 332

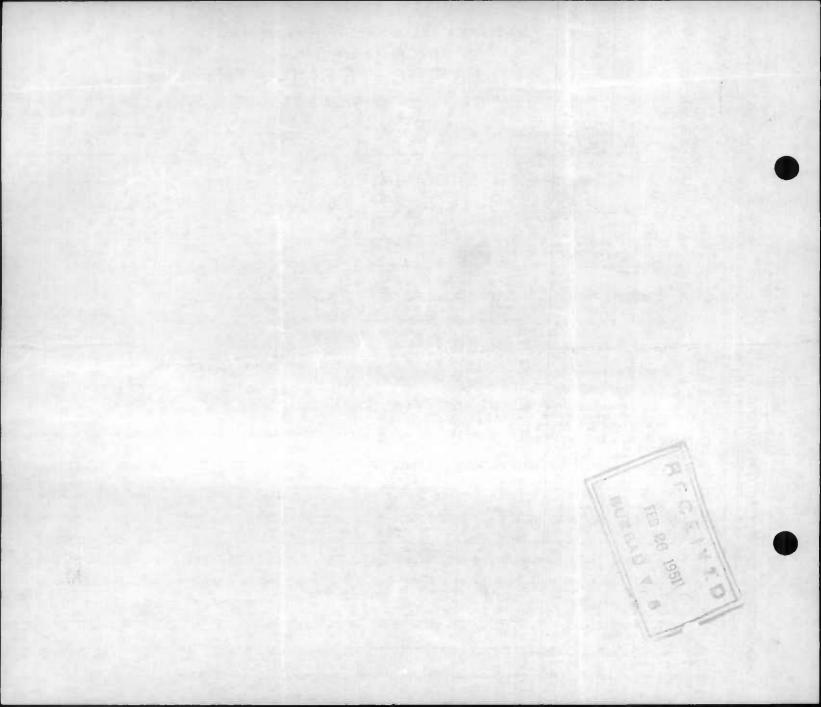
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	10:
CITY (If outside copposite limits, with RURAL and LENGTH OF STAY	CITY (If outside of party limits, write RURAL and giv	uco
OR give neares (own) (In this place)	TOWN Shell (Strit,	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Weif	STREET (If rural, give located) ADDRESS CALLES (VILL)	0
3. NAME OF DECEASED (Type or Print) LOUIS (Middle) (Middle)	GUNDU 4. DATH (Month)	(Day) (Year) // 195/
SEX 6. COLOR R RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Mariha M	Days If under 24 hrs. Hours Min.
10s. USUAL OCCUPATION (Give kind of work done diving more a working life, even it relied) 13. FATHER'S NAME 10s. USUAL OCCUPATION (Give kind of work living or Business or Indiana.) 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12	CITEDIN OF WHAT
13. FATHERS NAME Gunter	14. MOTHER MAIDEN NAME	110
15. Was Vicerased Ever In U.S. Armed Forces? (Yes, no by unknown) service) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	h
18, MEDICAL CE	ERTIFICATION . SITT	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INDEVAL BETWEEN ONSET AND DEATH
Immediate cause (a) / Much face	unonla	3days.
Antecedent cause(s)		
Diseases or conditions, if any, (b)		#\$ 85 40 40 40 60 part on \$1 panton and \$2 panton \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2
(c)		ĺ
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
192. DATE OF OPERATION 192. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
	7/2/2	
22. I hereby certify that I attended the deceased from May.	, 1944, to 4/4/, 1921, that I last se	w the deceased
alive on 2/2/ , and that death occurred at f.	ZO m., from the causes and on the date sta	ated above.
SCONATURI (Degree or title)	ADDRESS	DATE SIGNED
Hace IL- Manuel M. V.	Salelyry, Med	2/22/57
Chilles (2/74/51 Tarota	OR CREMATORY LOCATION (City, town or count	MState.
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE REG. 2 2 3 / Mary W Holloway	24. FUNEBAL DIRACTOR.	ADDRESS
	Current Cyours	T-292616



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

OEKT ITOM I	Reg. Dist. No.
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY WECOMILED MARYLAND	STATE mary land. COUNTY WORKERS COUNTY WORK COUNTY COUNTY WORK COUNTY WORK COUNTY COUNTY WORK COUNTY COUNTY WORK COUNTY WORK COUNTY COUNTY WORK COUNTY WORK COUNTY WORK COUNTY WORK COUNTY COUNTY WORK COUNTY COUNTY WORK COUNTY COUNTY COUNTY WORK COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY WORK COUNTY COUN
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Sales town (in this place)	TOWN Gelan City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Penimoula general Hospital	STREET ADDRESS Jally (If runt give location)
3. NAME OF DECEASED (Middle) (Type or Print) MKS Sarah Elizabeth.	Hartings 1. DATE (Month) (Day) (Year) Hartings DEATH Federal 19 1957
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, TSPENDED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under Wear If under 24 hrs Nav. 30, 1875 75 yrs. If under 24 hrs Months. Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Derry John.	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give wer or dates of service)	17. INFORMANT AND RDDRESS
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Jacquardo	Age from Seflet Leep Interval Between ONSET AND DEATH
163× Antecedent cause(s)	1. Metter luces
U.7d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	man J. J.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Fall 14	1951, to Fly, 1951, that I last saw the deceased
alive on, 19.5., and that death occurred at(Degree or title)	ADDRESS from the causes and on the date stated above.
Carried Hear, DAW MW	213 WChurch8r Falishung 2/19/51
23. BURIAL, CREMATION DATE DEMOVAL (Specify) 2 21 51 NAME OF CEMETE	nen Berling Mid
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 23 35/ Mary W. Atlanay	24. FUNERAL DIRECTOR Burkoge Bulin Mis
	Ø .



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

g. Dist. No. 332

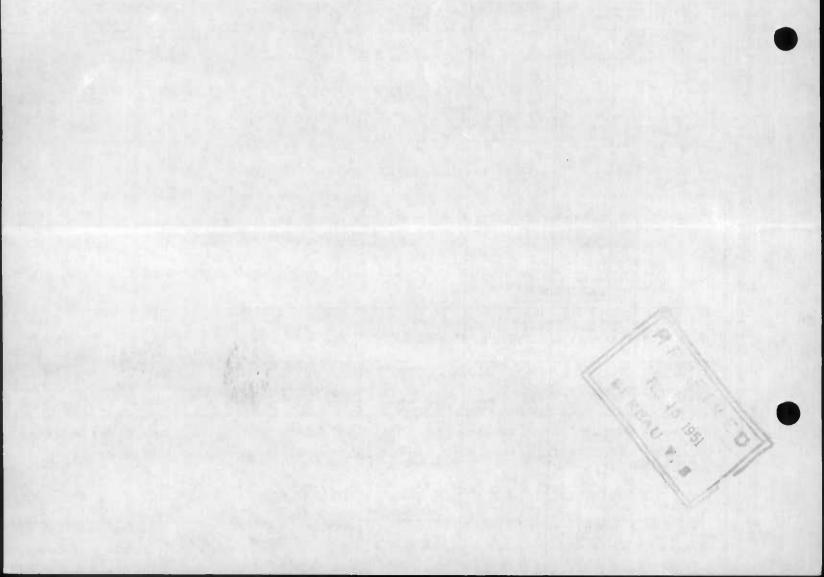
	Reg. Dist. No	V•
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	v. 4.
WARYLAND MARYLAND	1 min tuna	wich
CITY (If outside corporate limits write RURAL and LENGTH OF STAY OR give nearest to the LUCK (is this face)	CITY (If outside corporate limits, write RURAL and giv	ve nearest town)
TOWN JULIO MULY 3 TURO!	TOWN GULLO MULLS	
HOSPITAL OR INSTITUTION OR De Sin	STREET ADDRESS ((Litural, give location)	RI
STREET ADDRESS / JANKOWA JAI - 1999.	1403 C. mam &	V.,
3. NAME OF (First) . (Middle) .	(Mast) 4. DATE (Month)	(Day) (Year)
(Type or Print) 4/155/E MINS	HEARN DEATH 2	195
6. Sex 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hr
(Specify)	Jew. 8, 1812 79 yrs. Months	Days Hours Min.
On. USUAL OCCUPATION (Give kind of work 10b Kind of Business on	11. BIRTHY LACE (State or foreign country) 12	CITIZEN OF WHAT
done during most of working life, even if retired Library Jane	mary tune	19 THY (
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7.07.
J. Militell 49 Rins	Main Varsano	
5. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. Young punknown) (Ilyes, give war or dates of	17. INFORMANT AND ADDRESS	
Bervice) ONE	t. Vival Hain	
18. MEDICAL CE	RTIFICATION	1
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0	INTERVAL BETWEEN ONSET AND DEATH
A L	- 21 11 1	ORBET AND DEATH
Immediate cause (a) Langelle	a regul Kachery	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	the Heart Onen	
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. Work At work		
	- 2/	
22. I hereby certify that I attended the deceased from	26 19 90, to 48 , 1927, that I last s	aw the deceased
-/ -		
alive on, 193 (., and that death occurred at	ADDRESS	ated above.
Signal Old Ann V		DATE SIGNED
HARD R. WHAMIE MIN	Dales Green West.	2/12/51
MORIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, pown, or count	y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cerutery Sales hura	me.
REG. 2-12-51 Mand W. Holloway	24. FUNDRAL VIRECTOR Johnson	ADDRESS
	h all a glies 5	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15



The correct age

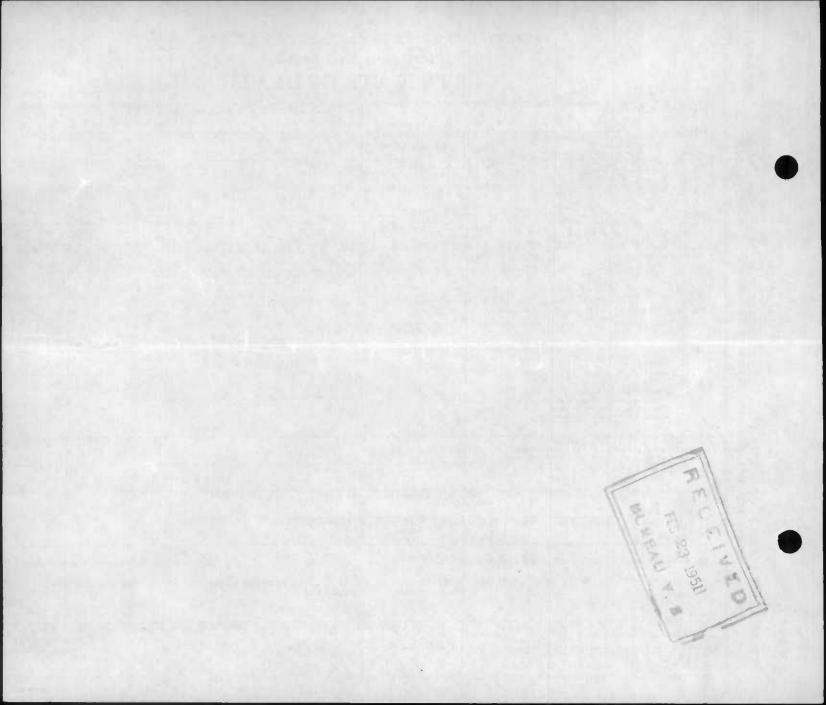
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baitimore

CERTIFICATE OF DEATH

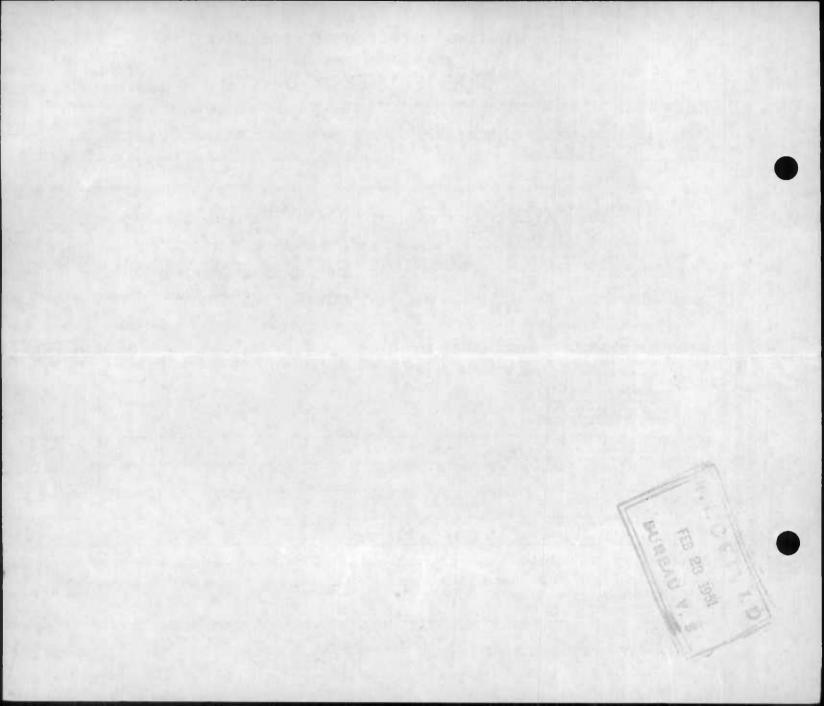
	Reg. Dist. No.
I. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECLASED
CITY of outside corporate limits, write RURAL and LENGTH OF STAY OR gire negrest town (in this place)	CITY (If outside forporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OF STREET ADDRESS OF Sak it.	STREET ADDRESS 200 Care (1)
3. NAME OF DECEASED (First) (Middle) (Dype or Print)	THE OF THE COUNTY OF THE OF TH
6. OLOBOR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S-DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hr Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during motion working life, even if ettred) 10b. Kuta of Business on Innus av	11. BIDTHPLACE (State or foreign country) Country or, What
The Plummer	14. MOTHER'S MAIDEN NAME
16. SOCIAL SECURITY NO. (11 yes, give war or dates of service)	My Strain AND ABDRESS Husband
18. MEDICAL CE	11 oct 11 to the first the
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONDET AND DEATH
332× Immediate cause Antecedent cause(s)	Thrombosis I day
332× Immediate cause	and a facilities
Antecedent cause(s) Diseases or conditions, if any, (b)	anderios chrosis 11 m.
giving rise to the above cause stating the underlying cause last	
(e)	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Not While Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Left &	1951, to Mark. 13, 1951, that I last saw the deceased
alive on 13 195, and that death occurred at	100m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Claved Juliane Hill	fallsoury od Xef. 20 /95%
REMOVAL (Species) Fel. 21-51 Paris	RY OR CREMATORY LOCATION (City, Jown, or county)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 4 0 3 -4-1	24. FUNERAL DIRECTOR ADDRESS
- 2 00 01 margn Novemay	Bell by the party



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

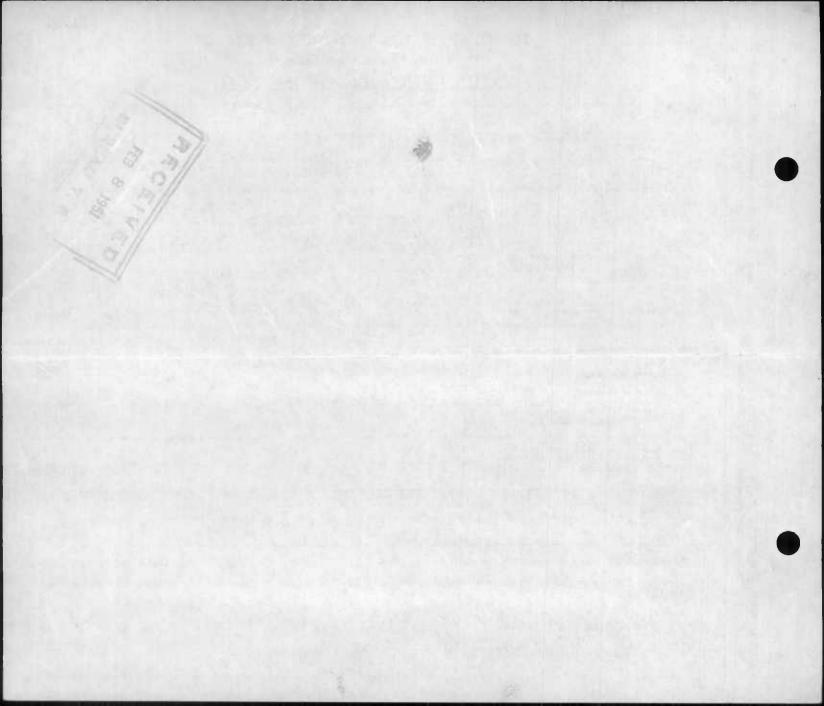
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
MARYLAND MARYLAND	STATE Ma, COUNTY WICO.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest toyn) (in the place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN THURAN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) MARGARET (Middle) (Type or Print)	HAAST A A DATE (Month) (Day) (Year) OF DEATH 195/
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	5. DATE OF BIRTH 9. AGE last birthday If under 1 year Months Days Hours Min.
iva. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDIVINA John Cornel of the control of the contro	THAIN CANAL (State or foreign country) 12. CITTZEN OF WEAT COUNTRY COUNTRY OF WEAT
13. FATHER'S NAME (Cattrio	margaret Phillips
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes, give war or dates of service)	mus alma of Willis
18. MEDICAL CEI	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATE
Constens Ha	rouelosis 1 des
420, Immediate cause (a)	1041
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY — At work —	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Heb. 14	1957, to Heli. 14 W., 1912, that I last saw the deceased
alive on 1100-144, 195/, and that death occurred at	45 C.m., from the causes and on the date stated above.
SIGNATURE Eurich M. D.	Helson- M. DATE SIGNED + Helson- M. Helson- He
Buriago 7/17/5/ 74han C	CREMATORY LOCATION (City, town, or county) (State)
REG. 2-17-51 Mary W. Hollsway	24. FUNERAL DIRECTOR Johnson Co. ADDRESS
	Swing C. They "



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	2. USHAL RESIDENCE (HOME) OF DECEASED. COUNTY U	Ucinia
CITY (It of the coporate limit, write RURAL and LENGTH OF STAY OR give nearest town to the plant)	CITY (If outside corporate limits, write RURAL and give new OR TOWN	arest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Viningula Gen Hosp.	STREET ADDRESS A (If rure give location)	
3. NAME OF DECEASED (First) LEROY LARROLL /	YOPKINS 4. DATE (Month) (D. OF DEATH 2	ay) (Year) 19.5 /
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED/ (Specify) Manual	9000 00,1880 67 yrs.	Hours Min.
done during most of working life, even it retired) Onlian (S) INDUSTRY INDUSTRY ONLIAN ON	Maryland 29	TIZEN OF WHAT
13. FATHER'S NAME HORBING	Jally Jones	
15. WAY DECRASED EVER IN U.S. ARMED FORCES? (Yes any of unknown) (If yes, give war or dates of 10 - 10 - 994)	Mrs. Medora & Hopkins	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTO ON	TERVAL BETWEEN NEET AND DEATH
4200 Immediate cause (a) Conglot	we Heart Failure	10 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	roter Beart Duran	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20	. AUTOPSY?
	l v	es 🗆 No 🗎
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	HEALTH I
22. I hereby certify that I attended the deceased from 2	6, 19.0%, to Fele./, 19.5%, that I last saw	the deceased
alive on 192 (, and that death occurred at 2	2.2.0. Am., from the causes and on the date stated	above.
26 BURIAL GREMATION DATE THEREOF NAME OF CEMETE	BY OR CREMATORY LOCATION (My, town, or county)	/5-/ (State)
BUNDAL (Specify) 17/4/51 St. Johns 6	meley fruitand me	a.
DATE REC'D BY LOCALY RECISTRAR'S SIGNATURE REG. 2-6-51 Mary W. Holloway	The July Tohnson Co.	DDRESS
	Stone C. Will # 2	90246



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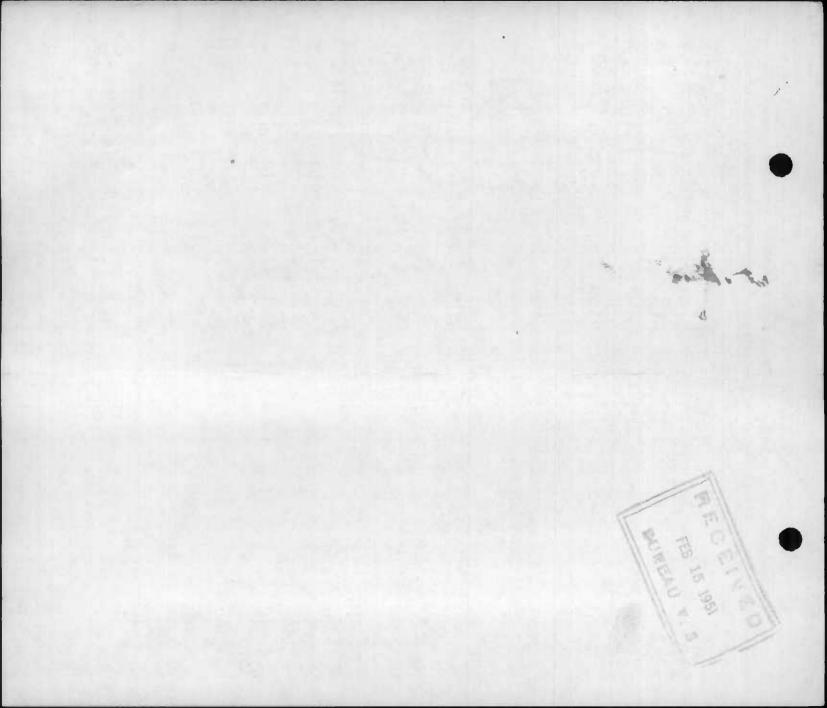
VS. A15A

Evidence for change MARYLAND STATE DEPARTMENT OF HEALTH in #9 shown on:

CERTIFICATE OF DEATH 1 J FEB 27 1951 FOR MEDICAL EXAMINERS

1	3	4	9	j

COUNTY Wicomico CTTY (if outside corporate lints, write RURAL and DENOTH OF STAY OF ST	I. PLACE OF DEATH.	2. USUAL RESIDENCE (II	OME) OF DECEASED.	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR SET OF STAY	COUNTY Wicomico MARYLAND	Marylan Marylan	d	Wicomico
HOSPITALOGO OR STREET ADDRESS 39 SMITH STREET ADDRESS 603 PARK STREET (If rust give location) ADDRESS 603 PARK STREET (If rust	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY		e limits, write RURAL and g	ive nearest town)
HOSPITAL OR REPORTED THOMAS (Middle) (Last) (House of the person of the	TOWN Salisbury	TOWN Sali	sbury	
STREET ADDRESS 90 (Middle) (Last) (A DATE (Month) (Day) (Year) DECASED THOMAS (Type of Print) Thomas (Type of Type of	HOSPITAL OR	1000000		
DECEASED OF THICK THOMAS HUBERT INSLEY FOR COLOR RACE TYPE OF THICK THOMAS MAIL TYPE OF THICK THOMAS MAIL THOMAS M	STREET ADDRESS 340 Juil St.	ADDRESS 603 P	ark Street	
THOMAS HUBERT TISLEY S. SEX 6. COLOR OR RACE WIDOWGD. Male Widowgd, Divorded.		(Last)		(Day) (Year)
S. SEX 6. COLOR OR RACE MIDDE MARRIED MIDDE		INSLEY		10 19 5
Specify Spec		8. DATE OF BIRTH	AGE iast birthday If under	I year If under 24 hrs
Interval	Male White WIDOWED, DIVORCED, (Specify)	SUDT. 11, 1903		Days Hours Min.
14. MOTHER'S MAME WALLEY	done dupply most of working life, even if retired) INDUSTRY	MANNAMAN	foreign country)	2. CITIZEN OF WHAT
Interval Between Coronary occlusion Interval Between Coronary occlusion Interval Between Onest and Death	13. FATHER'S NAME (Inslu A)	14. MOTHERY MAIDEN	J. Therain	um
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20. AUTOPSYT Yes No 15				
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) PRIMARY OR CONTRIBUTING OF office bldg., etc.) OF office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) While work Not while work Injury 22. I certify that I took charge of the remains described above, held an Autopsy Inspection Injury of thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Injury (Degree or title) SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BYRAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, topm, or county) (State) DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE 24. FINERAL DARCTOR ADDRESS ADDRESS				20. AUTOPSY?
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TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While it work Not while work Not while at work Not while at work Not while work	21. EXTERNAL CAUSE WAS PLAC: (Ilome, farm, factory, street,	(CITY OR T	OWN) (COUNTY	
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from: natural causes \(\), accident \(\), suicide \(\), homicide \(\), address \(\), address \(\) DATE SIGNED \(\) SIGNATURE (Degree or title) NATE SIGNED DATE SIGNED 1. DIVISION St; Salisbury, Md. 2/12/51 23. BYNAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL RECISTRAN'S SIGNATURE 24. FUNERAL DARKCTOR ADDRESS AD	22. I certify that I took charge of the remains described above, held an A	unopsy , inspection A,	Inquiry A thereon and	grom the evidence
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DATE REC'D BY LOCAL RECISTRAY'S SIGNATURE 24. FUNERAL DAYLOTOR / ADDRESS	DEDONAL (Speciff)		Salin Line	mill
REG. 1 12 4-1 Many III NAUL DOCUMENT A CHILD ON NO LA PARTICIONAL DE LA PROPERTIE DE LA PROPER	DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE		100	ADDRESS
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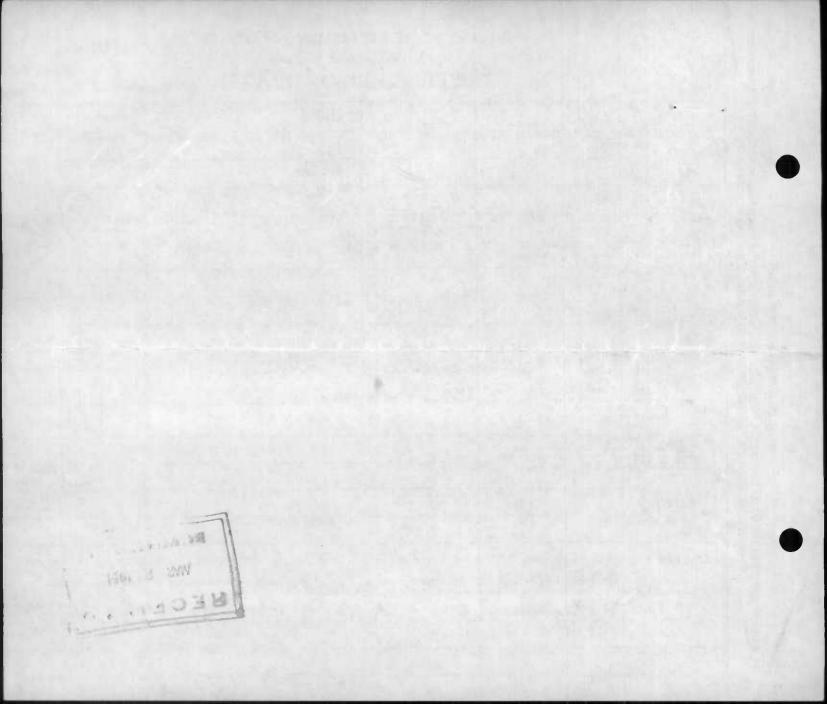


2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.332

1. PLACE OF DEATH CONIC MARYLAND	2. USUAL REPORTE (HOME OF DECEASED COUNTY
CITY (It futside Great Mits, write RURAL and LENGTH OF STAY (In this place)	CITY (If chaide from thinite, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR 4/2. Washington of	STREET 4/2. (If rur) is the location of the street of the
3. NAME OF DECEASED (Type or Print) Harry Marion	Jenkine 4. DATE (Month Day) (Year) DEATH Til. 25 - 55
5. SEX COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, (Specify)	May 23-1857 yrs. Months Days Hours Min.
10a. UJUM OCCUPATION (Give kind of work don diving most of working life, or of if retired) INDUSTRIES OR	11. BIRTHRLACE (State or foreign country)
Denne Jenkins	14. MOTHER'S MAIDE HAME Melone
15. WAS DECRASED EVEL IN U.S. AFRIET FORCES? 16. SOCIAL SECURITY NO. (Yes, no or method) (1) (Yes, no or method) (1)	Mu frena 1, Jenkins (Ni/a)
IS. MEDICAL CEI	RTIFICATION 4/2. Washington Interval Between Onest and Death
Immediate cause (a) Coconacy	Descureo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	sús,
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗀 No 🗋
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR!
22. I hereby certify that I attended the deceased from 7-1-25	1951, to 3-625, 195/:, that I last saw the deceased
alive on 3 2, 25, 1956, and that death occurred at Clegrater or title)	ADDRESS DATE SIGNED
John H. Jegman Mil. 2	38 Candenley olyheny 44 2/26/5
REMOVAL (Specify) THE THEREOF N ME OF CEMETER REMOVAL (Specify)	Mem. Vary Saluting 110
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG 27-31 Mary Wolforay	FUNERAL DIRECTOR Sales Pres
	A- 14 10171 11



VS. ALS

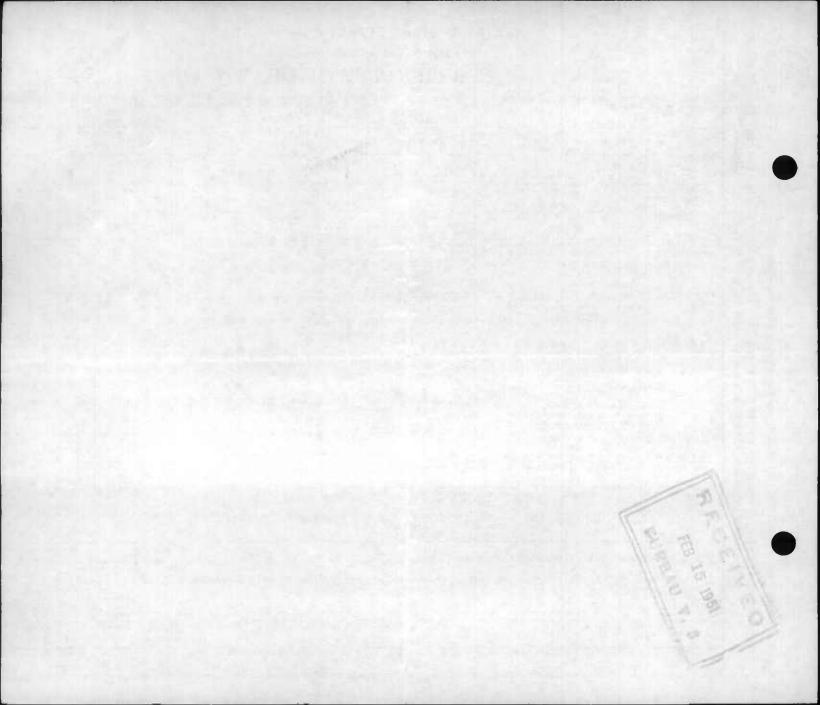
D. Beline

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY /	STATE A COUNTY	
WICOMICO MARYLAND	Maryland. Wicumica	
OR give nearest town)	CITY (If outside corporate limits, write RURAL and give	nearest town)
TOWN Jallsburg. 1 Jallans	TOWN Lden	
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	
STREET ADDRESS Eninsula General Jospital	ADDRESS Route 2	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Wizabeth alice /	Telly DEATH February	/ // 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	1 8. DATE OF BIRTH 19. AGE last hirthday 1 If under	year Ill under 24 hrs
Female white WIDOWED, DIVORCED, (Specify)	July 18. 1900 5 Gyrs. Months. I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	M. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
Telephone durata life, even if retired Willer Electric		OUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	9
George Clark	ann do sk	- 0
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1
(Yes, no, or unknown) (If year, give war or dates of service)	Man Surmeral to Killer (1-	tuda.
- BOLVICO)	The shorter by the	(Coprand)
18. MEDICAL CER	RTIFICATION Eden ml. Alt to	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		UNSET AND DEATH
(Velenne	Embali	3
Immediate cause (a) Outline	***************************************	Julie
Antecedent cause(s)	1/ 1/11	,,
416x	Neart alesease.	of ofro
Diseases or conditions, if any, giving rise to the above cause		
stating the underlying cause last (c)	**************************************	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	Cal. 11.	2
related to the disease or condition causing death.	· cusefficiency	agre.
19a. DATE OF OPERATION 19b. MAJOR FINDING OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🎜
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg, etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		MARKET ST
	4- V A. 11 1-	-
22. I hereby certify that I attended the deceased from Lec.	, 1970, to 1901, that I last saw	v the deceased
SIGNATURE (Degree or title)	2:40 R.m., from the causes and on the date state	ed above.
1:16/	1. 1 I bad to	DATE SIGNED
I had I toleman The Il	sulesbury lad teb.	13.1951
23. BURIAL, OCCMATION DATE NAME OF CEMETER	RY OR CREMATORY MOCATION (City, town, or county)	(State)
REMOVALISpecity) Feb. 14, 1951 Cansonille	uniting feelishing mo	1/
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2-13-51 Mary W. Holloway	Valloway Xles St. Fol Ol	2
= + · · · · · · · · · · · · · · · · · ·	My differ to the state of the	1
	Salistury md	370578



VS. A15

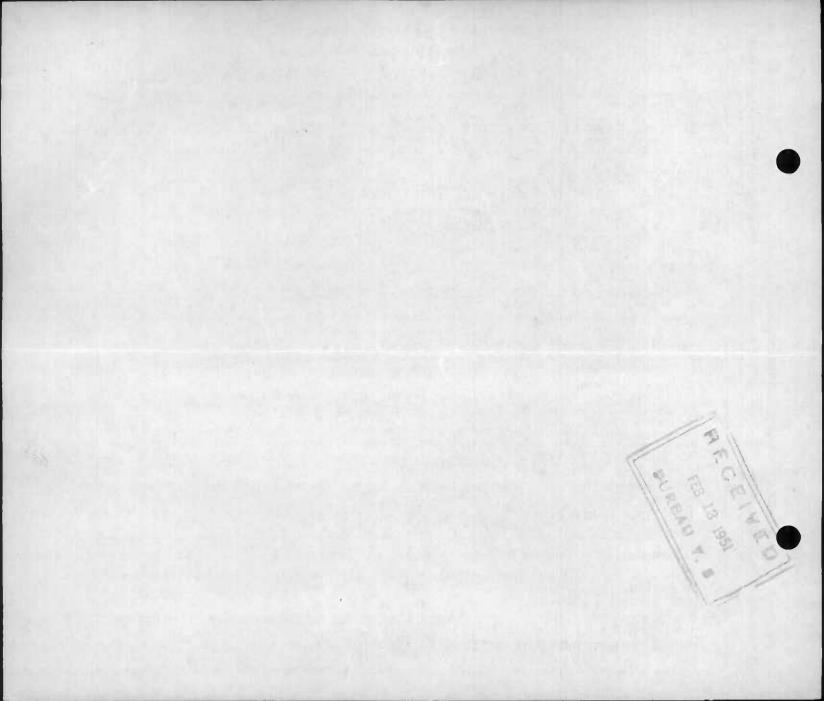


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
(1) remero MARYLAND	Nelaware of	con L
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Commence Harval Hospite	STREET (If rural, give location)	/
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Krachif # / 4. DATE (Month) OF DEATH February	(Day) (Year) 7 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	2-3-0/ yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	mamland	COUNTRY?
menutcher Findown Kiachil	Jane Eleanor alderman	•
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	1. INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 763,5 Antecedent cause(s)	10	79 00 00 00 00 00 00 00 00 00 00 00 00 00
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	•	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		A *** *** *** *** *** *** *** *** *** *
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - 5	, 19.5/, to 2 - 7, 19.5/, that I last s	aw the deceased
alive on	ADDRESS iron the causes and on the date st	ated above. DATE SIGNED
Benson Johnes	to, Sulisbury Mil.	2-7-51
23. BURIAL, CREMATION DATE REMOVAL (Specify) 2-7-5 Penersula	General Hospital Salisbury, Wil	Comies, ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 7 5 / Mary M. Holloway	24 FUNERAL DIRECTOR	ADDRESS
212051281240	talishury, Ind.	



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

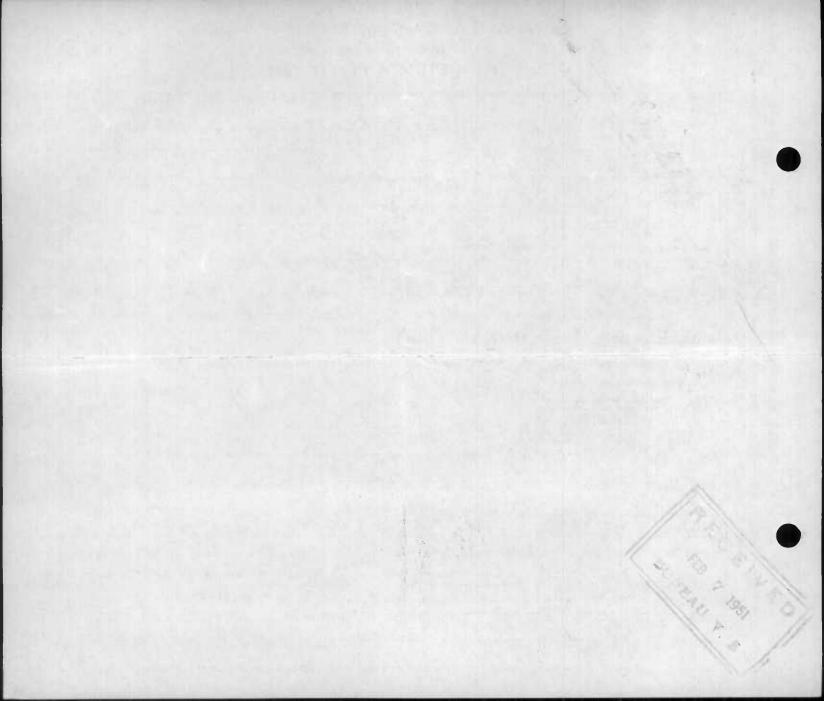
Reg. Dist. No. 332

I. PLACE OF DEATH-		2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Y (
Theonice	MARYLAND	alelaurera	VIADEN.
CITY (If outside corporate limits, write RURA) OR give nearest town) TOWN	L and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
		TOWN Seaford	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jeningula &	Execul Xaspital	STREET (If rural, give location)	√
3. NAME OF (First)	(Middle)	(Last) , 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print)		Kinchil # DEATH TE BRUARO	1 5 1951
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday I! under	1 year III under 24 hrs
dense while	(Specify)	2/5/51 at 4 Am yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		1 14. MOTHER'S MAIDEN NAME	
Menutaken Feridayen.	Kinchil	Jane Eleanor aldermen	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If year, give war or dates of service)		Mathew	
			1
I. DISEASES OR CONDITIONS DIRECTLY L	EADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	perindurity		
mmediate cause			
Antecedent cause(s)	Y		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		**************************************	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			01 NO PM 00 00 + 6 00 NO 1000 000 decision contracts
19a. DATE OF OPERATION 19b. MAJOR FI			20. AUTOPSY?
I DILLE OF OFFICE OF STREET			avi Autorbii
			Yes No
21. ACCIDENT (Specify) PLAC SUICIDE OF HOMICIDE INJUR	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY	(STATE)
	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
		, 19.51, to 2/5 , 19.51, that I last s	
	that death occurred at	2.53 A.m., from the causes and on the date st	
SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
4. 6.		naula Gen. Hosp., Sali hung.	41/17
23. BURIAL CREMATION DATE REMOVAL (Specify) 2-5-5	NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S S		24. FUNERAL DIRECTOR	ADDRESS
REG. 2 5-51 Maryll	1. Holloway	Dennoula Gueral Hospi	tal
212051281245		Jalesvery, ma	1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



VS. A15

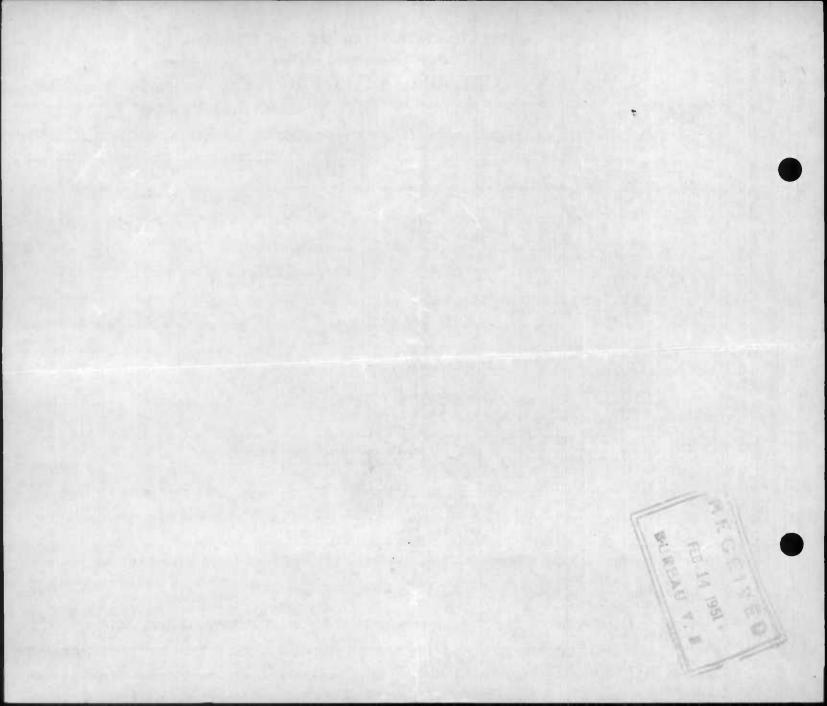
The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY MARYLAND MARYLAND	STATE Mandand COUNTY
OR give near at town) / (in this place)	CITY (It outside corporate limits, write RURAL and give nearest town)
TOWN	TOWN
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
STREET ADDRESS Q Cast	6 East
3. NAME OF (First) (Middle) DECEASED (First)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) GEORGE MCCREADY	LECATES DEATH 2- 6- 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED/ WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
Male White (Specify) many	7-22-1889 6 / yrs. Months Days Hours Min.
M. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Passing Janenna Railvort	Delmar, Ind Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
n. Buston de Catis	Setetia Hean
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS
(1 as, no, or diamown) (1 yes, give war or dates of 7/6-03-1598	many Eller & Cate - Selmin
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONGET AND DEATE
Outerian las	dia musa dais 14 10 das
Immediate cause (a)	tic myocardosis 4 years
4+3× Antecedent cause(s)	. /
Diseases or conditions, if any, (b)	us
giving rise to the above cause stating the underlying cause last	
73 giving rise to the above cause	
7 3 d giving rise to the above cause stating the underlying cause last (c)	
13 d giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **All please of the disease of the death but not related to the disease or condition causing death.	
73 d giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Hunerform	
13 d giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **All please of the disease of the death but not related to the disease or condition causing death.	sion, essential :
glving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	sion, essential !
glving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	sion, essential : 20. AUTOPSY? Yes No &
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	sion, essential : 20. AUTOPSY? Yes No &
glving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) 19a. DATE (Specify) INJURY (Specify) OF OFFICE CONTROL OFFICE C	giou, esseufiel 20. AUTOPSY? Yes No 87 (CITY OR TOWN) (COUNTY) (STATE)
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY OF INJURY Mork At work	GOU, essential 20. AUTOPSY? Yes No SY (CITY OR TOWN) (COUNTY) (STATE)
glving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF OFFI	HOW DID INJURY OCCUR? County Count
glving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While INJURY 22. I hereby certify that I attended the deceased from Marca	HOW DID INJURY OCCUR? County Count
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY 22. I hereby certify that I attended the deceased from March	20. AUTOPSY? Yes No EX No EX
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work 22. I hereby certify that I attended the deceased from Management of the control of the con	20. AUTOPSY? Yes No BY (CITY OR TOWN) (COUNTY) (STATE) HOW DID INJURY OCCUR? 19.5%, that I last saw the deceased 7.45 P.m., from the causes and on the date stated above.
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from March alive on SIGNATURE (Degree on title) SIGNATURE (Degree on title)	ADDRESS Siou, essential 20. AUTOPSY? Yes No SY
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Marca alive on SIGNATURE. (Degree on title) (Degree on title)	20. AUTOPSY? Yes No EX No EX
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY 22. I hereby certify that I attended the deceased from Marca alive on SIGNATURE (Degree on title) SIGNATURE (Degree on title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 24. ACCIDENT SIGNATURE (Degree on title) 25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	County C
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY 22. I hereby certify that I attended the deceased from Marca alive on SIGNATURE (Degree on title) SIGNATURE (Degree on title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 24. ACCIDENT SIGNATURE (Degree on title) 25. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	ADDRESS CEMATORY ADDRESS CREMATORY LOCATION (City, town, or county) County, 20. Autopsy? Yes Do No DY (COUNTY) (STATE) 1. 19 #8., to Febr. 6., 19.5%, that I last saw the deceased The property of the causes and on the date stated above. DATE SIGNED Febr. 8 #8/95/ RY OR CREMATORY LOCATION (City, town, or county) (State)
glving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from March alive on SIGNATURE (Degree on title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	County C



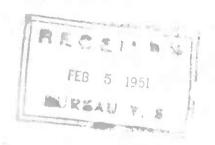
VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DE CASED- STATE	rice
CITY (1f of side contrate limits, write RURAL and CR give nearest fown) OR give nearest fown TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR 18 Makella A.	STREET ADDRESS 108, Marketon	rt.
3. NAME OF (First) DECEASED (Type or Print) Adelle (Middle)	Last) 4. DATE (Month) OF DEATH DEATH	(Day) (Year)
5. SOX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	NUL 2, 1872 0 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even it retired) 10b. KEND OF BUSINESS OR INDUSTRY	falily md.	CITIZEN OF WHAT
Culling & Carey	14. MOTHER'S MAJDEN NAME	S
15. WAS DECEASED EVENTINGS. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no or unknown) If yes, give war or dates	Me William B. Phil	lizia Pla
	1. Parelimet & Carcaren A.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	ONGERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTED LEADING TO DEATH	sality may	ONSET AND DEATH
Immediate cause (8) Corefer to Tempra	the so	600
33/x Antecedent cause(s)	age .	" adely"
Diseases or conditions, if any, giving rise to the above cause	· ·	**************************************
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		## ## ## ## ## ## ## ## ## ## ## ## ##
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY		(SIAIE)
TIME (Montb) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1927, to, 190, that I last si	aw the deceased
alive on Z/, 192./., and that death occurred at SIGNATURE (Degree or title)	ADDRESS , from the causes and on the date sta	ated above.
Herel 1. Armuse M. W.	Salalara Mari	2/20/5
REMOVAL (Specify) REMOVAL (Specify) REMOVAL (Specify)	RY OF CREMATORY LOCATION City town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2.25/	24 FUNERAL DIRECTOR Solut	ADDIESS
a a vi i i i i i vi i vi i vi i vi i vi	Walter IR Hellow	5
		1



BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change in 18 shown on:

CERTIFICATE OF DEATH

195

LOCATION (City, town, or county)

(State)

ADDRESS

FOR MEDICAL EXAMINERS Reg. Dist. No. 332 I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY LComi MARYLAND CITY (If ownide of porate limits, write RURAL and OR give nearest town) Serporate limits, write RURAL and give nearest town) LENGTH OF STAY CITY (If outside (in this place) TOWN HOSPITAL OR INSTITUTION OR (If rural, give location) ADDRESS STREET ADDRESS 3. NAME OF (Middle) (Lest) 4. DATE (Month) (Day) (Year) DECEASED oure (Type or Print) DEATH 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED, 8. DATE OF BIRTH 9. AGE last birthday If under I year |If under 24 hrs Months | Days | Hours | Min. (Specify) 10a: USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR BIRCHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY median 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVEN IN OS. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of 17 INFORMANT AND ADDRESS t6. SOCIAL SECURITY NO. service) 18. MEDICAL CERTIFICATION 1743 INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH Immediate cause Antecedent cause(s) Cardiovascular disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS bronchial asthma and bronchitis (4/5/51 akc) Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No D 21. EXTERNAL CAUSE WAS PLACE (Hnme, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. office bldg., etc.) HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Nnt while INJURY work at work 22. I certify that I took charge of the remains described above, held an Autopsy []. Inspection L Inquiry & thereon and from the evidence obtained by said Autopsy, Inspection ar Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . SIGNATURE (Degree or title) DATE SIGNED 502 ho dles of Julialy his

NAME OF CEMETERY OR CREMATORY

Hoceman

um.

24. FUNERAL DIRECTOR

/S. A15A

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PL

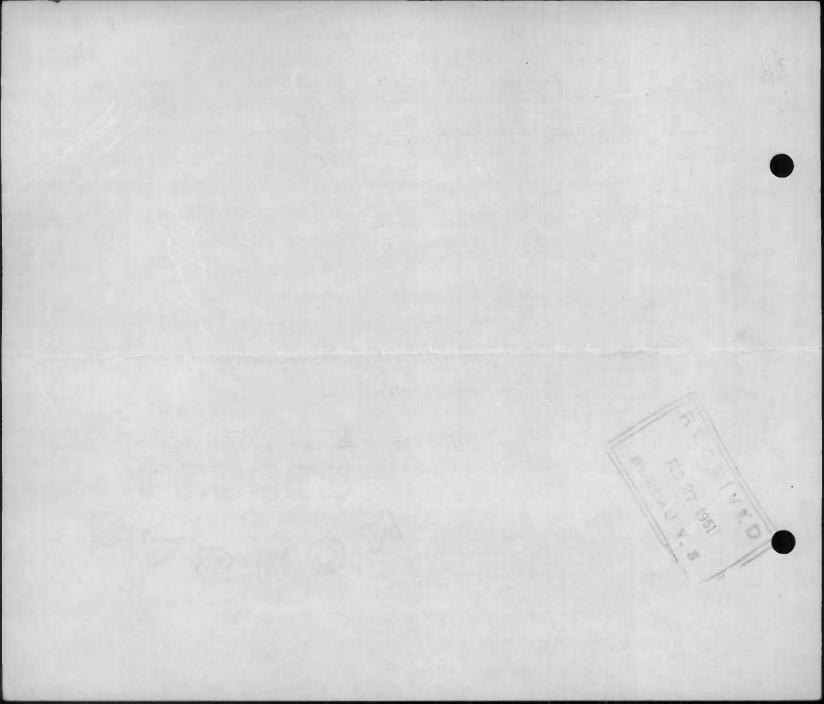
23 BURIAL CREMATION

REMOVAL (Specify)

DATE REC'D BY LOCAL

DATE THEREOF

REGISTRAR'S SIGNATURE



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1957

101 MAR 5 1951	ineg. Dist. 10	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	4 .
WARYLAND MARYLAND	STATE MAINLENS COUNTY	ass all
CITY (If outside orporate limits, write RURAL and LENGTH OF STAY	OR CITY (If outside corporate limits, write RURAL and give	ve nearest town)
CITY (If outside corporate limits, write RURAL and OR givo nearest town) TOWN LLOW MUIN (in this place)	TOWN HUES UMO	
HOSPITAL OR INSTITUTION OR	ADDRESS (If rural, give location)	
STREET ADDRESS MANUCLUS CIVE.	ADDRESS VIAnticello	
3. NAME OF (First) R (Middle)	(Month)	(Day) / (Year)
(Type or Print) WAYIER WAARE	19 CORMICK DEATH	V4 1951
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8 PATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs
(Specify)	June 12, 18698 2 Jyrs. Months	Days Hours Min.
102. USUAL OCCUPATION (Give kind of work 10b. Kund of Business or		CITIZEN OF WHAT
will sain seum	Unio	17.7.4.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William of amock	Joannah Blak	_
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, second unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	2,11
(Yes, harron unknown) (If yes, give war or dates of Son E	Mus. Hannal My	1. Run
18. MEDICAL CER	RTIFICATION	Y
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
STokes - Ada	me Jun drong	> lans.
Immediate cause (a)	-4)/	20-10.
Antecedent cause(s)	T of a series	2
Diseases or conditions, if any, (b)Q	veris letter .	
stating the underlying cause last	1 1 1	7
(c) Temerally la	Urleis selesse.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
TO LOCKDOWN AND AND AND AND AND AND AND AND AND AN		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	WOW DID INVIDE OCCUPA	
OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from VAN:	1947 to FED 74 1957 that I lost as	hononod two
alive on	7:55 Am., from the causes and on the date sta	ated above.
SIGNATURE (Decree of title)	ADDRESS	DATE SIGNED
Jegor I the myh	Jolesbury had 2	-25-51
23. BORAL CREMATION DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or count	y)c (Stote)
	a Cernetta Salsohyin	ma.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 2-26-51 (Mary U). Holloway	Me Thell & Johns	Mala
	bee the street	2000
	reage " / vill	246116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct



The correct age

Evidence for additions MARYLAND STATE DEPARTMENT OF HEALTH in 18 & 21 shown on:

131 MAR

G

9 SERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

1955

1. PLACE OF DEAT	н•		1 2. USUAL RESIDENCE (H	OME) OF DECEASE	D·
CITY (If outside c	mico	MARYLAND	STATE Marylan	nd .	COUNTY Wicomico
OR give nearest	orporate limits, write RUR town) 1 SOUT V	AL and LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN Wetip	te limits, write RURA	L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Peninsula	General Hospit	1 ADDRESS Route	#1; Quant	
3. NAME OF DECEASED (Type or Print)	(First) ALBERT	(Middle)	(Last) MOORE	OF DEATH Fe	ontb) (Day) (Year) 25. 23, 195]
Male	6. color or race Colored	(ppetity)	TOTO I	Though Ans.	If under 1 year If under 24 hrs Months Days Hours Min.
done during most of w	ATION (Give kind of work working life, even if retlred)	IOB. KIND OF BUSINESS OR INDUSTRY OWN farm	Wetipquin-W	icomico Co	COUNTRY? USA
James Mo			14. MOTHER'S MAIDEN Sarah M		
	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	16. SOCIAL SECURITY No.	Mrs. Danie	Moore; Rt	. 1, Quantico
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
		Intracranial he	monnhage, fra	atured aku	77.
Immediat				coured sky	
812,5 Anteceder	nt cause(s)	aceration of t	he brain.		
	conditions, if any, (b)	***************************************	*****		
stating the u	inderlying souse last	Walked into side of	of moving car. (3-9-51 - ams	
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat				
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes 🕅 No 🗆
21. EXTERNAL CA	USE WAS PLA	C. (Home, farm, factory, street,	(CITY OR T	OWN) (C	COUNTY) (STATE)
21. EXTERNAL CA PRIMARY & or CO CAUSE OF DEATI	INJUSTING OF	ury Highway	Salisbur	y Wico	omico Md.
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OC	CUR?	
OF INJURY 2	22 51 m.	While at work I at work	Walked into si	ide of movin	g car.
obtained by sai	d Autopsy, Inspection of causes , accident	tins described above, held an a ray Inquiry, find that said deces, suicide , homicide , (Degree or title) Deputy Medical	eased died on the day stated undetermined □. ADDRESS	d above, and death	on and from the evidence in my opinion resulted DATE SIGNED 2/26/51
23. BURIAL, CREM				OCATION (City, tow	, ,
REMOVAL (Spec			Cemetery		n, or county) (State)
DATE REC'D BY REG. 2 27-		SIGNATURE	2. FUNERAL DIRECTO	A :000 &	ADDRESS D
~ ~ ~ /	or many u	1. Howaring	Jumes E) Acu	men s	The state of the s
		00		100	10290116



James & Cartiell Latin 31 A

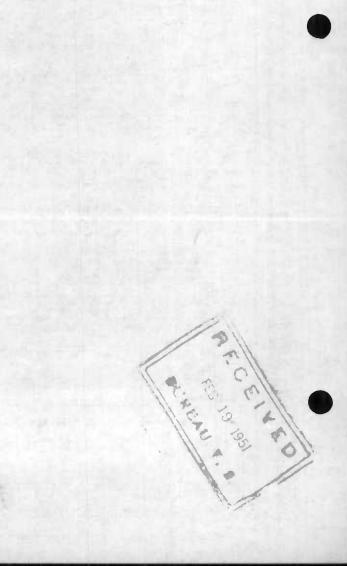
CERTIFICATE OF DEATH

195.1 Reg. Dist. No. 333

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Wicomics MARYLAND	STATE Maruland. COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
TOWN Salisbury 3 was - 3 das,	II OR	
HOSPITAL OR INSTITUTION OR W	STREET (If rural, give location)	
INSTITUTION OR W. +++ CO. J. A. A.	ADDRESS W. Market Street	- 1
STREET ADDRESS Plutters Convalucent Home		
3. NAME OF Q (First) (Middle)	(Last) 4. DATE (Month) OF	(Day) (Year)
(Type or Print)	Oliver DEATH 2 -	12 - 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	
Male aa WIDOWED, DIVORCED, (Specify) widowed	about 1873 about 78 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTR Private Family		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME (45.A
) /	7. A	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	unknown	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of	17. INFORMANT AND ADDRESS	01 00:10
rlo hervice) no 1 rlo	Mrs. Mattie Gaskins 2140 n. 18th	It Phila Ja
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
21 51 60	7.0	ONGEL AND DEATH
Immediate cause ulumanam Edema (org.	estire Failure	Week
443x		
Antecedent cause(s) Diseases or conditions, if any, (b)	tres a Kulter Consider Hourt Name	1 240AIDT
Diseases or conditions, if any, (b) giving rise to the above cause		- pour
stating the underlying cause last	M	/
(c)	V	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
no operation		Yes No Fl
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(QTY OR TOWN) 1(COUNTY)	(STATE)
SUICIDE OF office bldg., etc.)	latinherma Illiania	n. J
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	5 1000
OF While at Not While	HOW DID INJUNITY DOCUME	
INJURY m. Work At work		
and I have be series that I attended the decound from May 12	V 1051 + tely 1051	
22. I hereby certify that I attended the deceased from James 2	, 195/, to Tella, 195/, that I last so	
alive on 19.0, and that death occurred at		atad aham
SIGNATURIA (Degree or title)	ADDRESS	DATE SIGNED
Mal la la min	I had nex	2/11/0
Siller Demonston	January, 100,	2/1/01
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) State)
BUMOVAL (Specify) 2-15-51/ Ebenener	D. 7 / 19 Mino And .	1 10 10001
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL PIRECTOR	ADDRESS
REG. 4-14-41 Many 111. Halloman	10. 0 % 1' M C 0 1. Vm	1.01
- x 10 01 11 way or 100 collady	James 12. Nachiell Dalistrury 11	aryland.
	()	200826
		0. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



The correct age

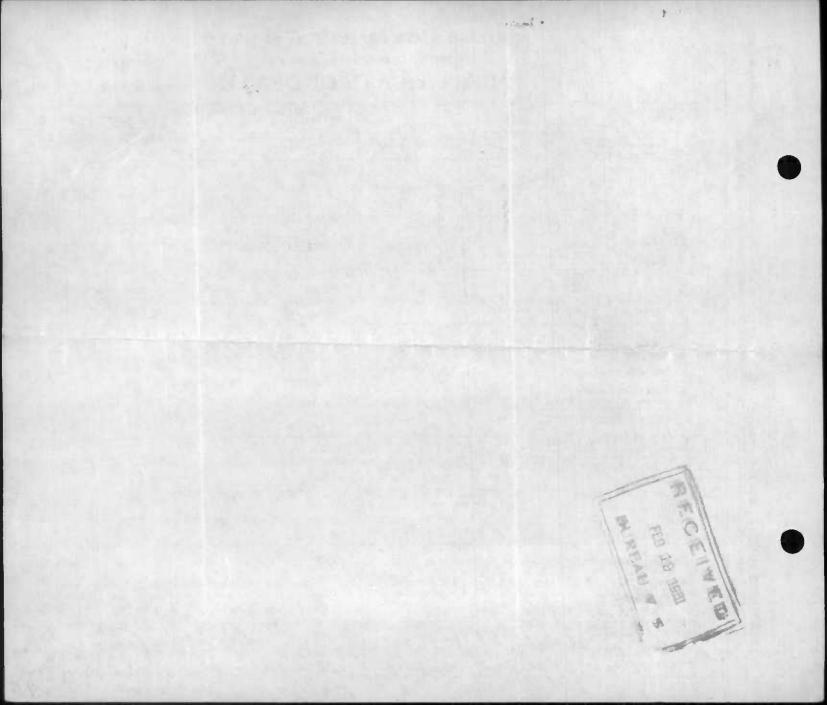
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

19111333 Reg. Dist. No. 333

1. PLACE OF DEATH COUNTY	ARYLAND 2. USUAL RESID	ENCE (HOME) OF DECEASED.
CITY (If outside forporate limits, write RURAL and LE		e corporate limits, write RURAN and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Park are	STREET ADDRESS	(If rural, give location)
3. NAME OF DECEASED (First) (Midd (Type or Print)	owen	4. DATE (Month) (Day) (Year) OF DEATH (19)
(Specify)	MARRIED, DATE OF BIR'	1875 76 yrs. Months Days Hours Min.
done during most of working ine. Ayan if retired) INDUSTRY	arming Note	(State or foreign country) 12. CITIZEN OF WHAT
13. FATHER'S NAME OULIN	Ma /	achef) Insley
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no drunknown) (II yes, give war or dates of service)	SECURITY NO. 17. INFORMANT	and address only
	18. MEDICAL CERTIFICATION 7	will and Med 1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	D DEATH	INTERVAL BETWEEN ONGET AND DEATE
Immediate cause (a) True	moma - d	Mar. 6 weeks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	no phletitio	4 or sucho.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF	OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, far SUICIDE OF office bldg., of INJURY	m, factory, street, (CITetc.)	Y OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OC While at Work	CURRED HOW DID INJU Not While At work	RY OCCUR?
22. I hereby certify that I attended the deceased f alive on f. 14, 18, and that death SIGNATURE (Dec	n occurred at	om the causes and on the date stated above. DATE SIGNED The SIGNED
REMOVAL (Specify) Feb. 18-51 &	ME OF CEMETERY OR CHEMATOR	TY LOCATION (City, town, or county) (Section)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2/17/5-/ Walla & m	ann Hollo	way - G. Salitury Md
		10 / 00 / 4 /



MARGIN RESERVED FOR BINDING

VS. Alb

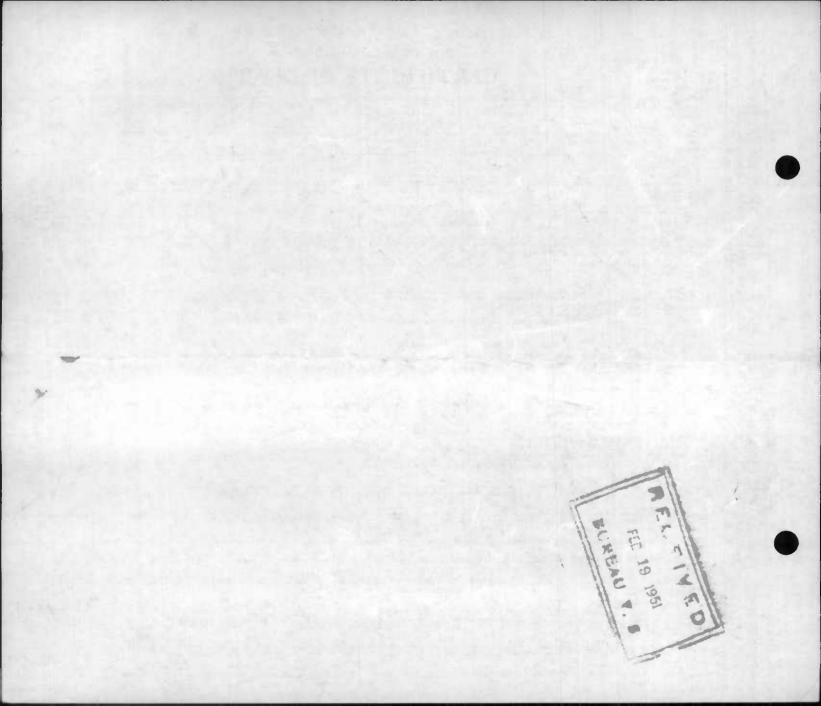
Evidence for addition of #6 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

196 i Reg. Dist. No. 332

MMNO. G 131 MAR 15 1951	neg. Dist. No.
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (II outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Salesbury (in this place)	TOWN Sel Sharm
HOSPITAL OR	STREET (Il rylral, give locatioo)
INSTITUTION OR Parinseila General Haspital	ADDRESS 102 linion ave.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Mooth) (Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If uoder 1 year If under 24 hrs
Male White (Specify) DIVORCED,	Jan . 14-1861 90 yrs. Months. Days Hours Min.
done during root of warking life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 13. CITIZEN OF WHAT
The Robert Pareme	MOTHER'S MAIDEN NAME,
16. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, do by uoknown) (If year, give war or dates of gervice)	My Clara Paris (daughte)
	102, Unin an Rolling Hall
18. MEDICAL CER I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATTFICATION INTERVAL BETWEEN ONSET AND DEATH
0 -	0 3/2
Immediate cause (a) what	and Hurrhage
143× Antecedent cause(s)	, , 0
The shear to	OV descend
Diseases or conditions, if any, (b)	, , , ,
stating the underlying cause last	rio Sclerosia.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but oot related to the disease or coodition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY Mork At work	
	2 13 51
22. I hereby certify that I attended the deceased from	, 192/, to
alive on, 19, and that death occurred at	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
W/ 3 B. South W. V.	Salesbury Med. 2-13-57
23. BURIAN, CREMATION DATE REMOVAL (Specify)	RY OR CREMATORY LOCATION (Dity, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR ADDRESS
REG. 2-140-1 Mary W. Holloway	Hillmosto. Baluty The
	he 12 1 12 7/18/12 1 20 0001
¥	1866 11. 101001 1730846



VS. A15

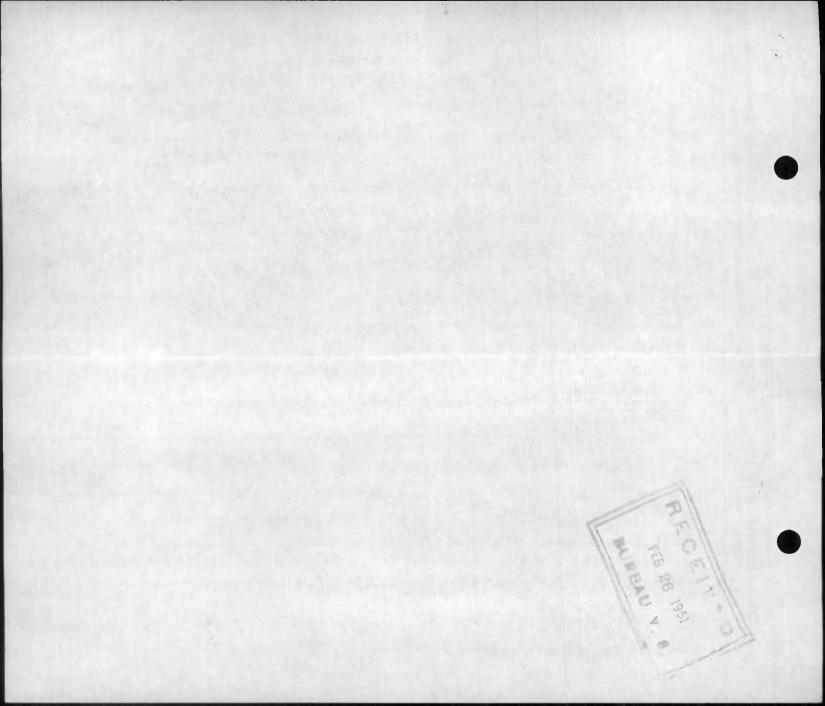
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY WYCSMICO MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Wich
CITY (If outside forporate fimiter write RURAL and OR give nearby own) (in 3 this, place)	CITY (If outside forporate limits Frite RURAL and g	ive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 W. Secust St.	STREET ADDRESS 104 W- Secusion)	I. St.
3. NAME OF DECEASED (First) (Middle) (Type or Print) TMMA LETITIA	CICHAROSON 4. DATE (Month) DEATH	(Day) (Year) 19 195
Sensele 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	act. 79,187/ 79 yrs. Months	Days If under 24 hr
10a. USUAL OCCUPATION (Give kind of work done during most of working his great retired) INDIVIDUAL THREE	mauland	COUNTY STATE
13. PATHER'S NAME MULANE	14. MOTHERS MAYOEN NAMES	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no.) (if yes, give war or dates of service)	Mis. Katie a. O.	acker)
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
Immediate cause (a) Levelral A.	emontage	36 km
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	5 Hypertinuan	
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Wbile INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/17	, 1951., to 2/19, 1951, that I last	saw the deceased
alive on Z/19 , 1924, and that death occurred at Z. SIGNATURE. (Degree or title)	ADDRESS from the causes and on the date s	tated above. DATE SIGNED
23, SOCIAL CREMATION I DATA PHEREON I NAME OF GENETEI	RY OR CREMATORY LOGATION Wity, town, or cour	2/22/57
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	enetty aller	me.
REG. 2-22-51 Mary W. Athlemay	Durful X John	ADDRESS (
	101111111111111111111111111111111111111	11 ==



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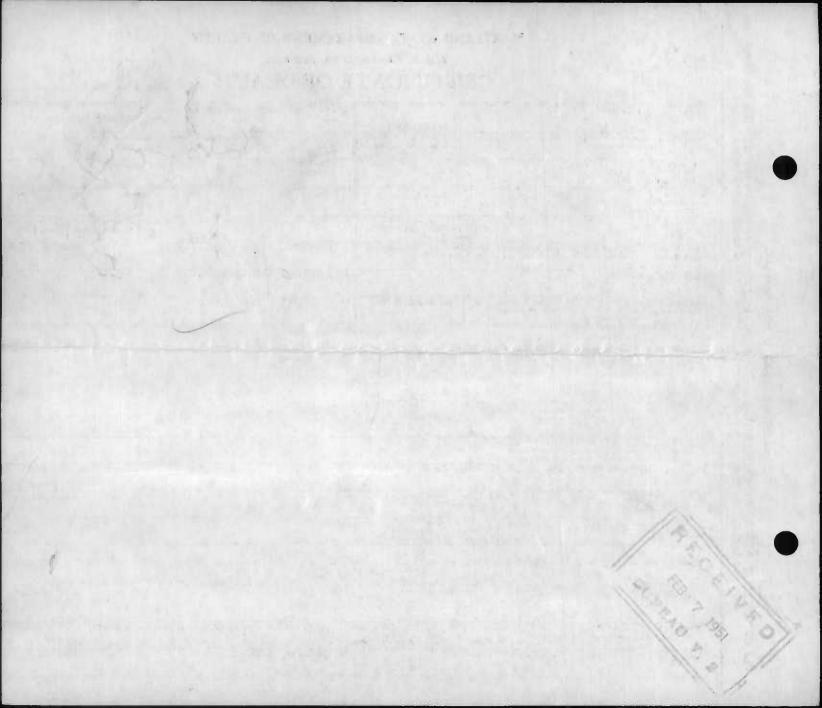
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

eg. Dist. No. 382

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR giv nearest town)	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN Share 3 day HOSPITAL OR INSTITUTION OR	STREET (If rural, give location) ADDRESS	
STREET ADDRESS Neess Veach Vall 1879	ll-	V
3. NAME OF (First) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH Tell	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, (VIDOWED), DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11, BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
13. FATHER'S NAME Downshall	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) service) 16. SOCIAL SECURITY No.	17. INFORMANT AND ADDIESS	- salar
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronaci	2 Olderson	15mi
Antecedent cause(s) Diseases or conditions, If any, (b)	Megisphane	44n.
94 a giving rise to the above cause stating the underlying cause last (c)	in besterning	6 40
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	11	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes \ No \
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2000		
alive on	ADDRESS LEAGUE.	DATE SIGNED
X. G. OO) Laller	u, m, W. 2-	- X - 57
Burker 2-6-1951 St. andre	ERY OR CREMATORY LOCATION (City, town, or counter Times ame	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. BUNERAL DIRECTOR	ADDRESS
The state of the s	Paris	mal



Evidence for change in 9 shown on:

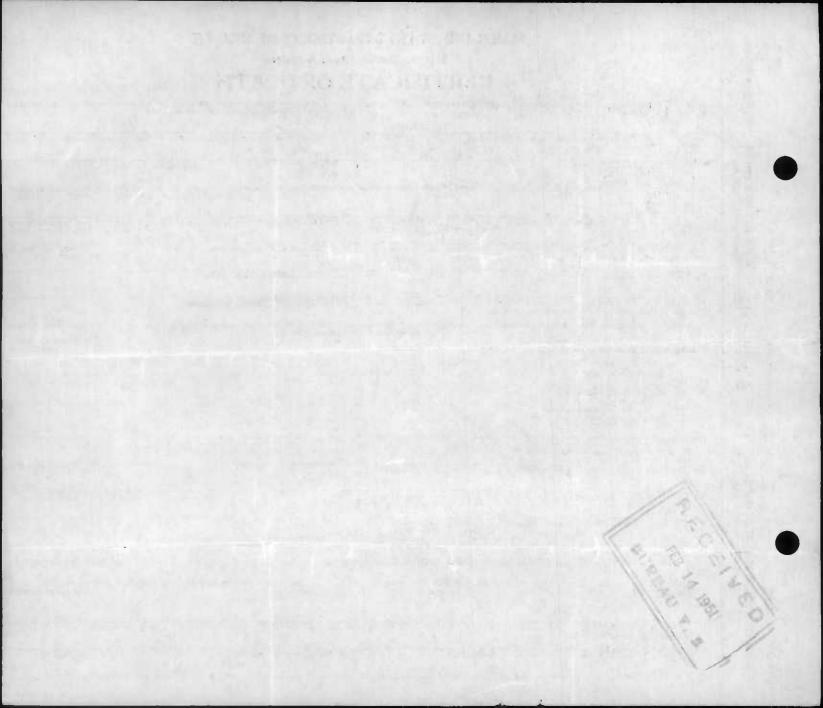
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1964

Reg. Dist. No. 332

HIM NO. G 7 FFR 10 1951		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	my /
COUNTY MARYLAND MARYLAND	Mary land STARTA	at
CITY (If outside copporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN	CITY (If outside corporate limits, write RURAL and OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR O	STREET (Il rural, give locatioo)	1
3. NAME OF (First) (Middle)	y. Trivalle	y V
3. NAME OF DECEASED (First) Moustray Signature of the Market Mark	(Last) 4. DATE (Month) OF DEATH Jel-	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MATORIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If und Month	er I year If under 24 hrs.
10a. USUAL OCCUPATION (Give kied of work done durior most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. PATHER'S NAME	14. MOTHER'S MAIDEN, NAME	/
Joseph a Varrison	Sara Fersuch	
16. Was Devrased Ever In U.S. Armed Forces? 16. Social Security No.	17 INFORMANT AND ADDRESS .	0 4
service)	David m. Smell - Sa	hehm
18. MEDICAL CE	RTIFICATION (San)	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
\downarrow ρ	7 1 1.	111
Immediate cause (a)	any compolism	6 Au
Antecedent cause(s)	sh- in	
Diseases or conditions, if any, (b)	Melere	2 yrs
atating the underlying cause last		
(c) Mest een	elea O Interesteon	15 m
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	y	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNT	
TIME (Mooth) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from //- 6.	, 19.3. O to 2 /_, 19.0. /, that I last	saw the deceased
alive on 4 & #6 - 10.5 and that death accounted at /2	. V.T m from the source and on the date	akaka 1 akaa
alive on 1, 19.2, and that death occurred at SGNATURE.	ADDRESS and on the date	DATE SIGNED
X. G. OT Callin	m.D. 2-	-4-51
23. EVRIAL CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 2/6/57 OXNO	RY OR CREMATORY LOCATION (City, town, or co	unty) (State)
PATH REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR ONLY	ADDRESS
2/1/3/ 1/4. / levus	I I CALLY THE CO	sides no
248-51 Mary W. Holomay	1 4.	



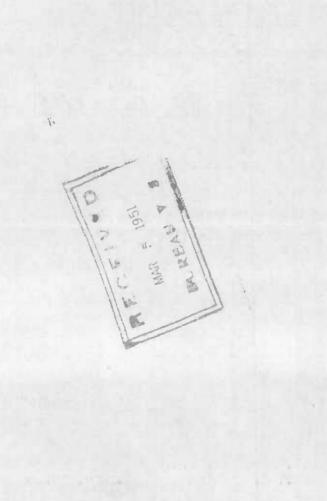
1965

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

eg. Dist. No. 332

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY COMMARYLAND	STATE CULTURE CO
CITY (If outside corporate limits, write RURAL and 1 LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and givenearest town)
OR give nearest town (in this place)	TOWN Dalisbury md.
HOSPITAL OR	STREET (If ru'al give lo ation)
INSTITUTION OR STREET ADDRESS ON Soul I Hook.	ADDRESS 634 (4).10 and 5
or read in bounded	(Last) 4. DATE (Month) (Day) (Year)
DECEASED	OF
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	DEATH 2 195
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 bre Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Salistung Mc COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Duridh Slith	Hatte Bykes.
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of mervice)	Settle Stell.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
" DINEASES ON CONDITIONS DIMECTED EEADING TO DEATH	UNSBI AND DEATE
Allio Immediate cause (a) Burns of entire	body 5 hrs.15 m
Antecedent cause(s) Diseases or conditions, if any, (b)	
Diseases or conditions, if any, (b) giving rise to the above cause	10.000 - 10.0
stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death. NON€	
19m. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No X
21. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
CAUSE OF DEATH. I INJURY NOME	Salisbury Wicomico Maryland
OF (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?
INJURY 2 24 51 5 pm. work at work at	Clothing caughtfire from stove
	Autopsy \square , Inspection \square , Inquiry \square thereon and from the evidence eased died on the day stated above, and death in my apinian resulted
from: natural causes accident , suicide , homicide ,	
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
L.A.Rademaker, M.D.	
DepiMed Examiner 5	02 N. Div. St. Salisbury, Md. 2/28/51
23. BURIAL, CREMATION DATE THEREOF DAME OF CEMETE	RY OR CREMATORY LOCATION (City, town) or county) (State)
Durial a 2 5 Com	e Delevery me.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	24. FUNERAL DIRECTOR ADDRESS
2-28-51 Mary W. Holloway	Hooker Mesh salvhery
	ml,





CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

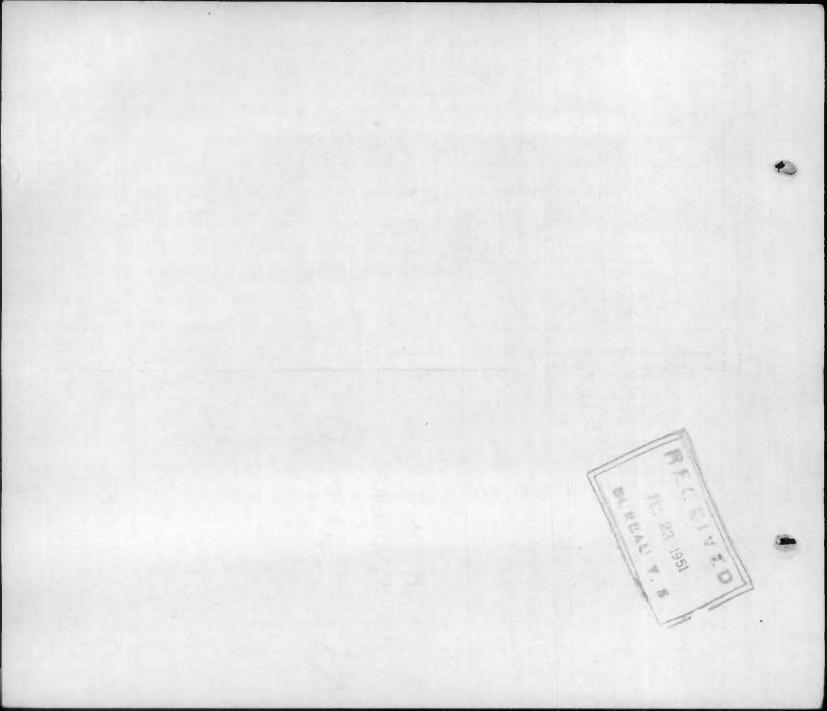
1. PLACE OF DEATH.		COTT A COTT	(HOME) OF DECEASED.	JNTY Windows
Wicomico	MARYLAND	Maryla	anu	MICOUITCO
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Trans Pock - a - walken	LENGTH OF STAY (in this place)		rate limits, write RURAL an la Springs	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If ru al give location Rowle # 2	n)
	(Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEASED	vin	Thomas	OF DEATH Feb.	
6. COLOR OR RACE 7. SING	GLE, MARRIED, WED, DIVORCED, city) Married	8. DATE OF BIRTH 5-6-1905	9. AGE last birthday If u	nder I year If under 24 hr nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (State Caurel Sussex	or foreign country)	12. CITIZEN OF WHAT COUNTRY? 7/9 10
13. FATILER'S NAME	ing vimber-1/400	14. MOTHER'S MAIDE	N NAME	9,0,4
- Frederick Thomas		Edna Ita	pkins	
(Vee no en unlangue) t /Tt use along were an distance of	OCIAL SECURITY No.	17. INFORMANT	04	4.0.1
no service) no 25	-26-4415	Mrs. Kathryn	Thomas, March	ela md. Rt.#:
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADIN	G TO DEATH			ONSET AND DEATH
Bro	ken neck			Sudden
712,5 Immediate cause (a) BIO	>> · · · > > · · · · · · · · · · · · ·		*** 5***** 070* ** 0* 0*1, 1000 35* 5 * 55*	
Antecedent cause(s) Diseases or conditions, if any, (b)				
Diseases nr conditions, if any, giving rise to the shove cause stating the underlying cause last				
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.	lateral.	cture of tibi	a and fibula	;
19a. DATE OF OPERATION 19b. MAJOR FINDING	GS OF OPERATION			20. AUTOPSY?
				Yes No 🔀
PRIMARY TO OR CONTRIBUTING OF office.	ne. farm, factory, street, aldx., etc.)	LAS CORALVA HOW DID INJURY OF	11 . 947 9 9	
TIME (Month) (Day) (Year) (Hour) INJUR OF While a	V OCCURRED Not while			
INJURY Feb. 18.51 ? m. work	at work X	Hit by an	automobile	
22. I certify that I took charge of the remains descoblained by said Autopsy, Inspection or Inquition from: natural causes □, accident ▼, suice SIGNATURE.	y, find that said dece	ased died on the day stat	X, Inquiry X thereon a led above, and death in	and from the evidence my opinian resulted DATE SIGNED
	Medical Exa	miner; 502 N	. Division St	; Salisbury
23. BURIAL, CREMATION DATE THEREOF REMOVAL (Specify) 2-21-51	NAME OF CEMETE		LOCATION (City, town, or Mardela Wicom	county) Ma (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNAT	UBE	24. FUNERAL DIRECT		ADDRESS
RECT-20-57 Mary W.	Hollomay	James B. Dash	vell, Salisbur	maryland
		1		0000301
				7 10006

VS. A15A

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



VS. A15 PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

1967

CERTIFICATE OF DEATH

Reg. Dist. No. 3.32

1. PLACE OF DEATH.	STATE		COUNTY
Wicomico MARYLAND	Maryla		COUNTYSomerset
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corpor		L and give nearest town)
OR give nearest town) TOWN Salisbury Since 9/11/4	5 TOWN Cham)	
HOSPITAL OR INSTITUTION OR Pine Bluff State Hospital	STREET ADDRESS	(If rural, give lo	cation)
STREET ADDRESS SELLSOHLY, MO.	7		V
3. NAME OF (First) (Middle) DECEASED	(Last)	OF _	onth) (Day) (Year)
(Type or Print) Alle May	Wallace		eb. 20 195]
5. SEX Female 6. COLOR OR RACE WIDOWED, DIVORCED, (Specify) Widow Widow	July 2. 1878	20	If under 1 year If under 24 hrs. Months. Days Hours Min.
Female White (Specify) Widow 10a, USUAL OCCUPATION (Give kind of work) 10b. Kind of Business OR	11. BIRTHPLACE (State	yrs.	12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY			COUNTRY?
	Oriole, Ma	aryland	COUNTRY! A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN		
Whittington A. Bedsworth	Hanna E.	Parks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
(Yes, no or unknown) (If year, give war or dates of service)	Patient on	admission	
			1
18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary Tube	noulosis		6 unc
Immediate cause (a)	TCUIUSIS		6 yrs.
Antecedent cause(s)			
Diseases or conditions, if any, (b)			**************************************
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	**************************************	TO COME TO CO COME THE COME TO COME THE	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
None			Yes 🗆 No 🎁
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR T	rown) (C	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OC	CURT	
22. I hereby certify that I attended the deceased from 7/1/4	7, 19 to 2/20) 19.51, that	I last saw the deceased
alive on 2/20/, 19.51, and that death occurred at SIGNATURE (Degree or title)	L1: 35 pm., from the	causes and on the	date stated above. DATE SIGNED
Stoburden M.D.	Salisbury, N	laryland	2/21/51
REMOVAL (Specify) 2/24/5/ 0.A.7.N	, Cemelery (OCATION (City, town	neuet, med.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE			
REG. A a. t. I Ma	24. FUNERAL DIRECTO	OR /	ADDRESS
REG. 2-21-61 Mary W. Holsomay	24. FUNERAL DIRECTO	a Das	hill



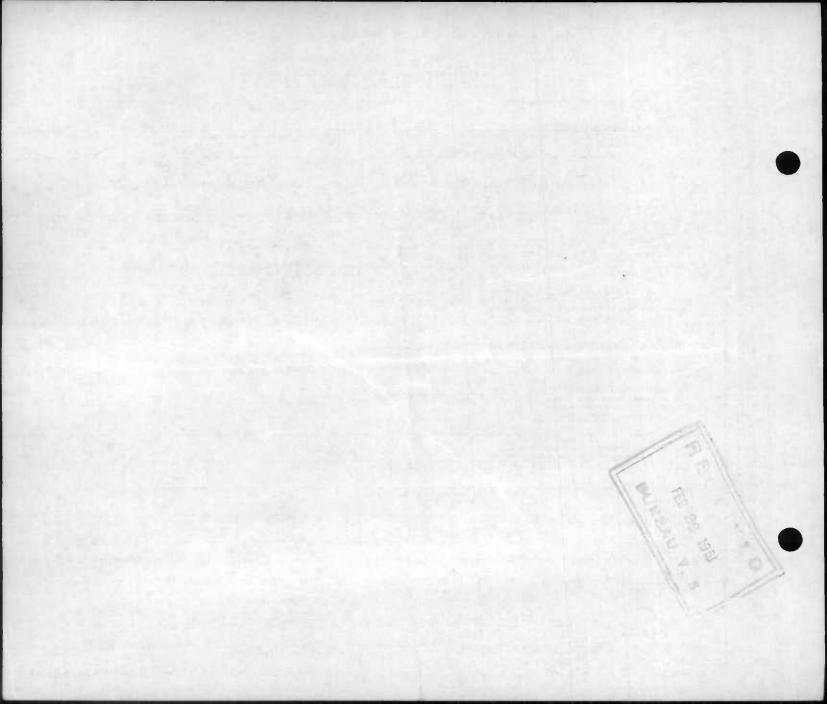
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

COUNTY	STATE Maryland Wices	7
(C) comico MARYLAND	STATE maryland lescon	nico
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and giv	re nearest town)
TOWN Salisbury over 50 yrs.	TOWN Salesting	
HOSPITAL OR	STREET (If rural, rive location)	
STREET ADDRESS 802 W. Main Street	ADDRESS 802 W. Main St	reet
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Minta Birckhead	Way DEATH 2 -	18 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF GIRTH 9. AGE last hirthday If under	
Female aa WIDOWED, DIYORCED, (Specify) widowed	/875 75 yrs. Montha	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
Somestic - Later Factory work Canning Tactory	Quantres Vicomico Co. Md.	COUNTRY? U.S.A
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	9.47
Frederick Gala	Sindy Calo!	
15. WAS DECRASED EVER IN U.S. ARMED MORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND AUDRESS	
(Yes, no, or unknown) (If yes, give war or dates of	11100' 8008 120 00	S4
140		rare of,
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Carcinoma 9	gall Bladder	Ivear
155 X Antecedent cause(s)		21
Diseases or conditions, if any, (b) Cho angula		1 16 -101 -1
Diseases or conditions, it any, (b)		moulsaila
giving rise to the above cause	100-11 - 100	maginily
		naginily
Giving rise to the above cause stating the underlying cause last (c)		maginily
## giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		maginily
#46 giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY?
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	: (CITY OR TOWN) (COUNTY)	Yes No
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	Yes No
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		Yes No
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE (INJURY) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(CITY OR TOWN) (COUNTY) HOW DID INJURY OCCUR?	Yes No
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specily) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED		Yes No
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY TIME (Month) (Day) (Year) (Hour) Work At work	HOW DID INJURY OCCUR?	Yes No (STATE)
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Action 24. Accident (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	How did injury occur?	Yes No (STATE) aw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Action 24. Accident (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	How did injury occur?	Yes No (STATE) aw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on PLACE (Home, farm, factory, street, OF office bidg., etc.) 1NJURY Work At work 22. I hereby certify that I attended the deceased from	How DID INJURY OCCUR? 1950, to 72-/8, 1950, that I last so a communication and the date standard and the date	Yes No (STATE) aw the deceased
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on Tell 18, 1951, and that death occurred at SIGNATURE (Degree or title)	How did injury occur? 1950, to 7218, 1950, that I last so a sum on the date standards and on the date standards and on the date standards.	Yes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Atwork alive on Peb 18, 1951, and that death occurred at SIGNATURE (Degree or title)	How DID INJURY OCCUR? 1950, to 7218, 1950, that I last so a sum of the date standards and on th	Yes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on Tebuse 18, 1951, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE	HOW DID INJURY OCCUR? 1950, to 7218, 1950, that I last so a sum on the date standards of the date standards o	Yes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Atwork alive on Peb 18, 1951, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2 - 2 2 - 5 Journal Company of the control of the	HOW DID INJURY OCCUR? 1950, to 7218, 1950, that I last so a sum of the date standards o	Yes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on Place In SIGNATURE: (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2 - 2 2 - 5 Jourton Cause In Signature DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? 1950, to 7218, 1950, that I last so a sum on the date standards of the date standards o	Yes No (STATE) aw the deceased ated above. DATE SIGNED
giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from Atwork alive on Peb 18, 1951, and that death occurred at SIGNATURE (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2 - 2 2 - 5 Journal Company of the control of the	HOW DID INJURY OCCUR? 1950, to 7218, 1950, that I last so a sum of the date standards o	aw the deceased ated above. DATE SIGNED 4. 22, / 95/ y) (State)
giving rise to the above cause stating the underlying cause last (e) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY 22. I hereby certify that I attended the deceased from At work alive on Place In SIGNATURE: (Degree or title) 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 2 - 2 2 - 5 Jourton Cause In Signature DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	HOW DID INJURY OCCUR? 1950, to 7218, 1950, that I last so a sum of the date standards o	aw the deceased ated above. DATE SIGNED 4. 22, / 95/ y) (State)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	. 1
Wicomico MARYLAND	STATE Maryland COUNTY	annia a
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWN near Allen (in this place)	TOWN near allen	,
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Salisbury md, Rt. #1	ADDRESS Route # 1 Salsa by	md.
NAME OF (First) (Middle)	(Last) (Last) (Month)	(Day) (Year)
DECEASED (Type or Print) Mary Ellas	Jones-White DEATH 2, -	20-
	S. DATE OF BIRTH 9. AGE last birthday If under	100/
SEX Temale 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIYORCED. (Specify) Widow	O Months !	Days Hours Min.
LUSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	19-10-1700 May VIII. 1 3	120
one during most of working life, even if retired) INDUSTRY (learning .	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT
Domestic State Teachers Colfege		U.S.A
FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles J. Bounds	Unnie Dutton	
Was Decrased Ever In U.S. Armed Forces? 16. Social Security No.	17. INFORMANT AND ADDRESS	
(If yes, give war or dates of service)	Mrs. andessa White Saliely	ry Md. Rt. #
18. MEDICAL CEI	The state of the s	Maria Maria
	4	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	' ~	ONSET AND DEATE
in the same	harane (bullance	6-
2 Immediate cause (a)	nogenie a unoma	0./NJ:
Antecedent cause(s)	M 1+	0/11.1
Diseases or conditions, if any, (b)	/ Dronchulso	orres sente
giving rise to the above cause stating the underlying cause last		
(c)		/
OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 90 AVIMODUVA
DATE OF OR BESTELLING AND MENDERS OF OT BUTTLING		20. AUTOPSY?
ACCUPANT (D. 18) I DI ACTI (II	COUNTY OF THE PROPERTY.	Yes No D
ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	1 = 901 = 1	
. I hereby certify that I attended the deceased from	1950, to 19525, 1951, that I last sa	w the deceased
1 1 (-1	30	
alive on 1967, and that death occurred at	10. 2.m., from the causes and on the date sta	
SIGNATURE (Degree or title)	ADDRESS (+	DATE SIGNED
THE MALL MALL	10 / W / Marin 3/1/	28 1951
BURIAL CREMATION DATE THEREOF NAME OF CEMETER	Sallopung, Mrs 720	20,1751
The state of the s	RY OR CREMATORY LOCATION (City, town, or county	y) (State)
13 unal 13-1-31 1/14. Calvary	Cemetery Fruttand Wie	omico Co, Md.
ATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG3-1-51 Mary W. Holling	James B. Dashiell, Salsabur	" md
		7/44
		753888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. MARGIN RESERVED FOR BINDING

The correct age



The correct age

Evidence change on item 9 on

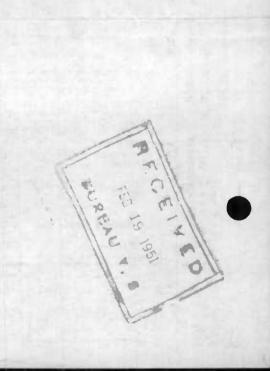
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

					Dantino	
R	TI	FI	CA'	TEC	F DEATH	1 KW

	Dist.		2	1	2
Reg.	Dist.	No.	20	200	ζ

131 FEB 23 19 CERTIFICAT	E OF DEATH Reg. Dist. No.	332
1/PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY WICOMICS MARYLAND	STATE Maryland Somers	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	
OR give nearest town) Salisburg (in this place)	OR TOWN Jeafs Island.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital	STREET (If rural, give location) ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) (Ryinia-	White DEATH Februar	y 13 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	100 29 18/1 17 18 yrs.	Days Hours Min.
10n. USUAL OCCUPATION (Give kind of work done during most of working life, evon if retired) INDUSTRY INDUSTRY		COUNTRY?
13. FATHER'S NAME Webster	Smith Webster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	4
(Yes, ho, or unknown) (If year, give war or dates of service)	mrs John Compbell Wenon	a mod.
		1
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
i. Distances on constitutions similar agreements in section of the constitution of the	+ (0-0	ONSEL AND DEATH
Immediate cause (a) Cronsry (by	ary Occhisen	3 day 2
Antecedent cause(s) Diseases or conditions, if any, (b) terrisclers	Lie Heart Disease	Tyngtons
giving rise to the above cause stating the underlying cause last		· · · · · · · · · · · · · · · · · · ·
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🗹
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - //	19.5/, to 1 - 13 19.5/, that I last s	aw the deceased
A- (A) (A-1)		
alive on 195, and that death occurred at (Degree or title)	ADDRESS, from the causes and on the date sta	ated above. DATE SIGNED
pland Islum On. D.	Salesbury the tel	8.13,1957
REMOVAL (Specify) 1/16/5-1 St. John	The state of the s	et md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2-14-3-1 Mary W. Holloway	Lale Doshiel Print	ADDRESS



MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest to OR TOWN	own)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PO#2	STREET ADDRESS PLO ## (If rural, give location)	
3. NAME OF (First) (Middle) (Type or Print)	(Last) OF DEATH (Month) (Day)	(Xear)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, OTVORCED, (Specify)	Cine 19-1912 - 4 yrs. Months Days Hot	nder 24 hrs.
10s. USUAL OCCUPATION (Give kind of work 10s. Kind of Business of done during most of sorking life, even if retired) industry	BIRTHPLACE (State or foreign country) 12. CITIZEN	OF WHAT
13. FATHER'S NAME Shelton	M. MOTHER'S MAIDEN NAME Polich	()
15. WAS DECRASED BURE IN U.S. ARMED FORCES? (Yes, ac, or unknown) (If yes, give war or dates of service)	17 INFORMANT AND ADDRESS Processon	JU
18. MEDICAL CI		77
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVALA ONSET AN	DETWEEN DEATH
Immediate cause (a) Coronar	y artery occlusion?	p
Antecedent cause(s) Diseases or conditions, if any, (b)	ive and arteriosclerotic 14	lear
	ion, essential 8 y	lear
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUT	OPSY?
	Yes 🗆	No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY	(CITY OR TOWN) (COUNTY) (STA	TE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan.	10, 19.5/, to 3. 19.57, that I last saw the de	ceased
alive on 1867. 21, 1957, and that death occurred at SIGNATURE	ADDRESS DATE S	
O. V. Jokler M.D. 1	Schwar Del. Fobr. 23	3, 1951
REMOVAL (Specify) Feb. 26-5/ Settlef	em teletime md.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 2 2 4 61 Mary Holloway	17 FUNERAL DIRECTOR 16. Saluting	same
	Recht 10 101.01	0 1

